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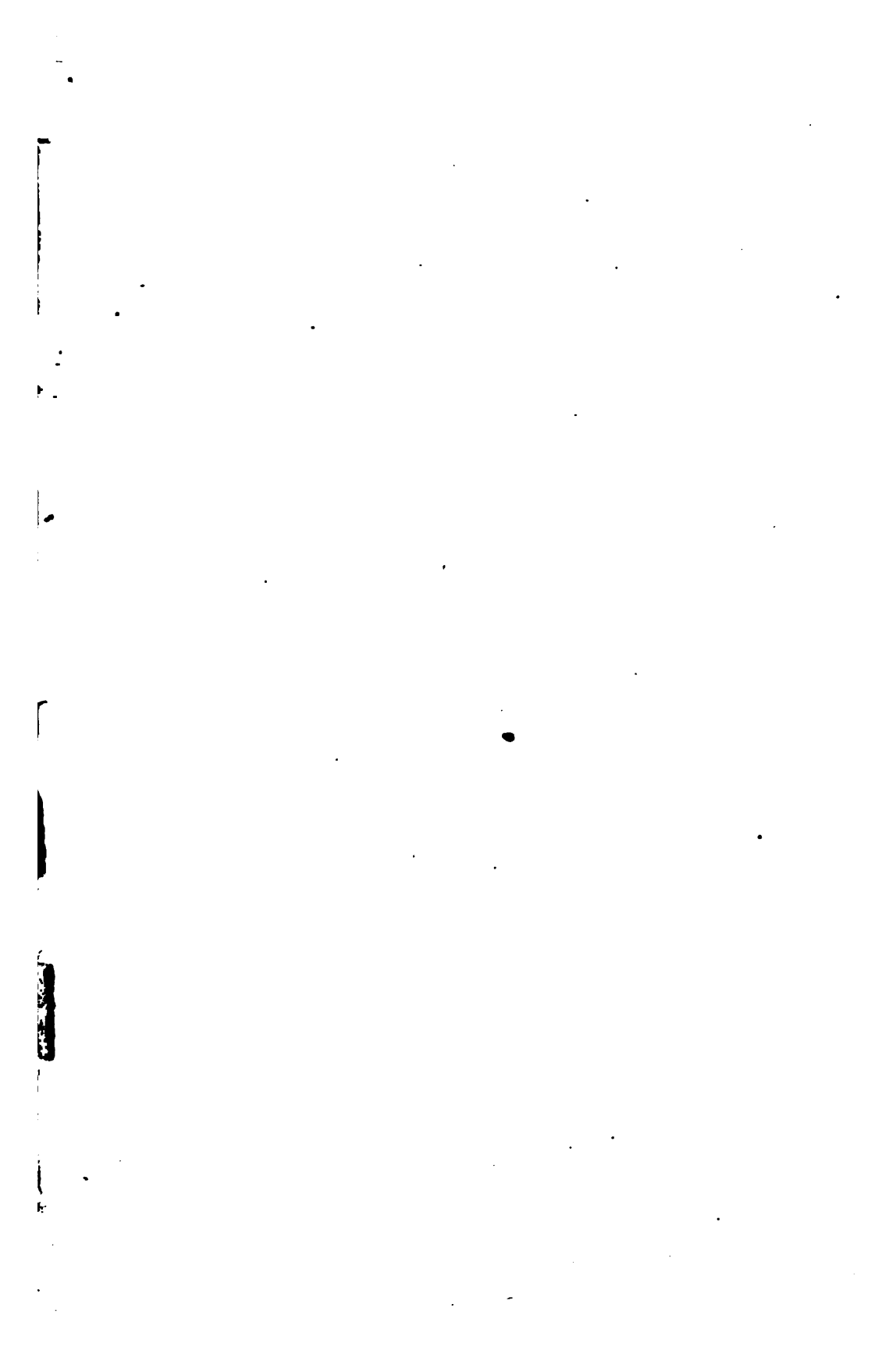
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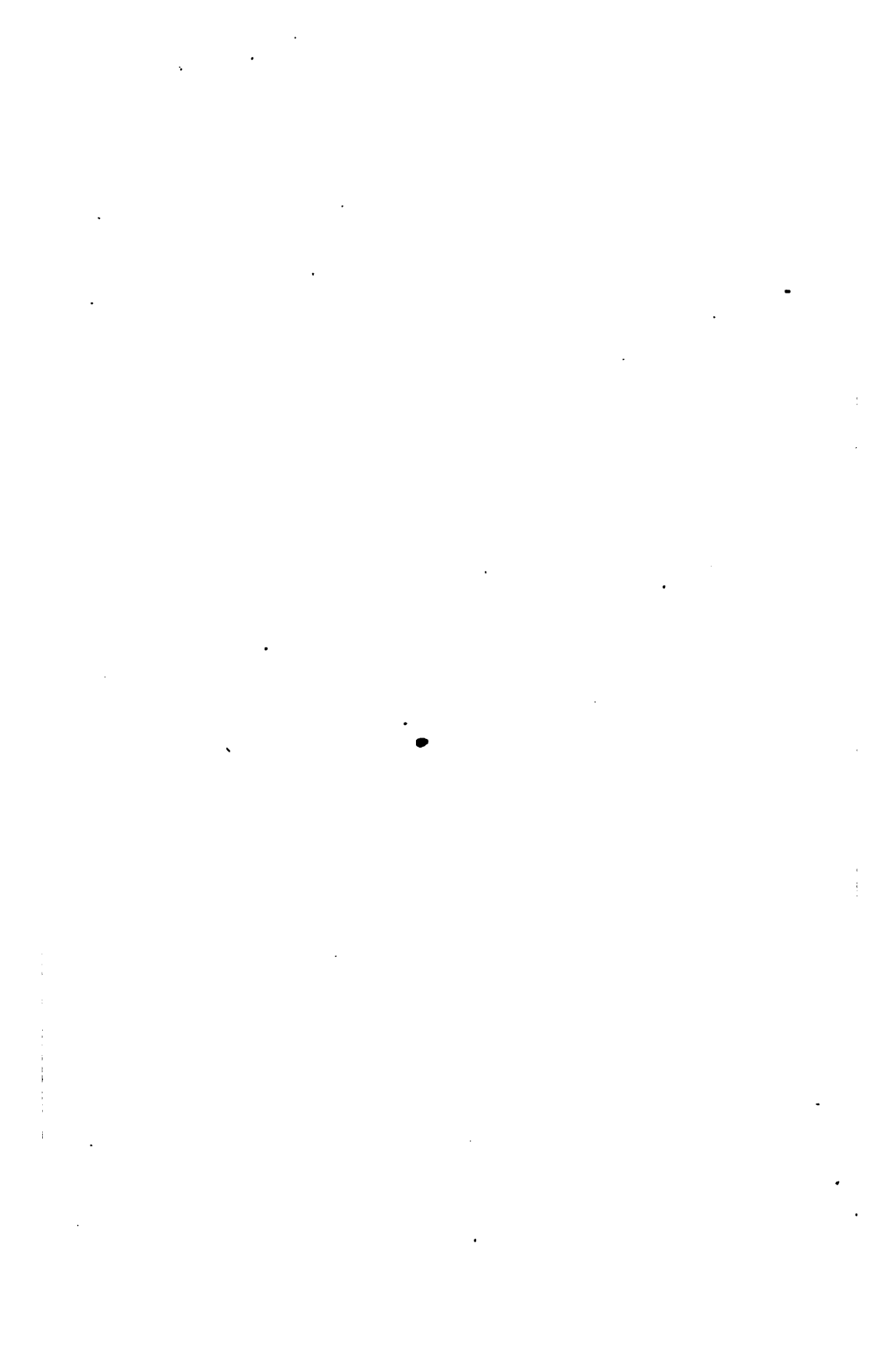
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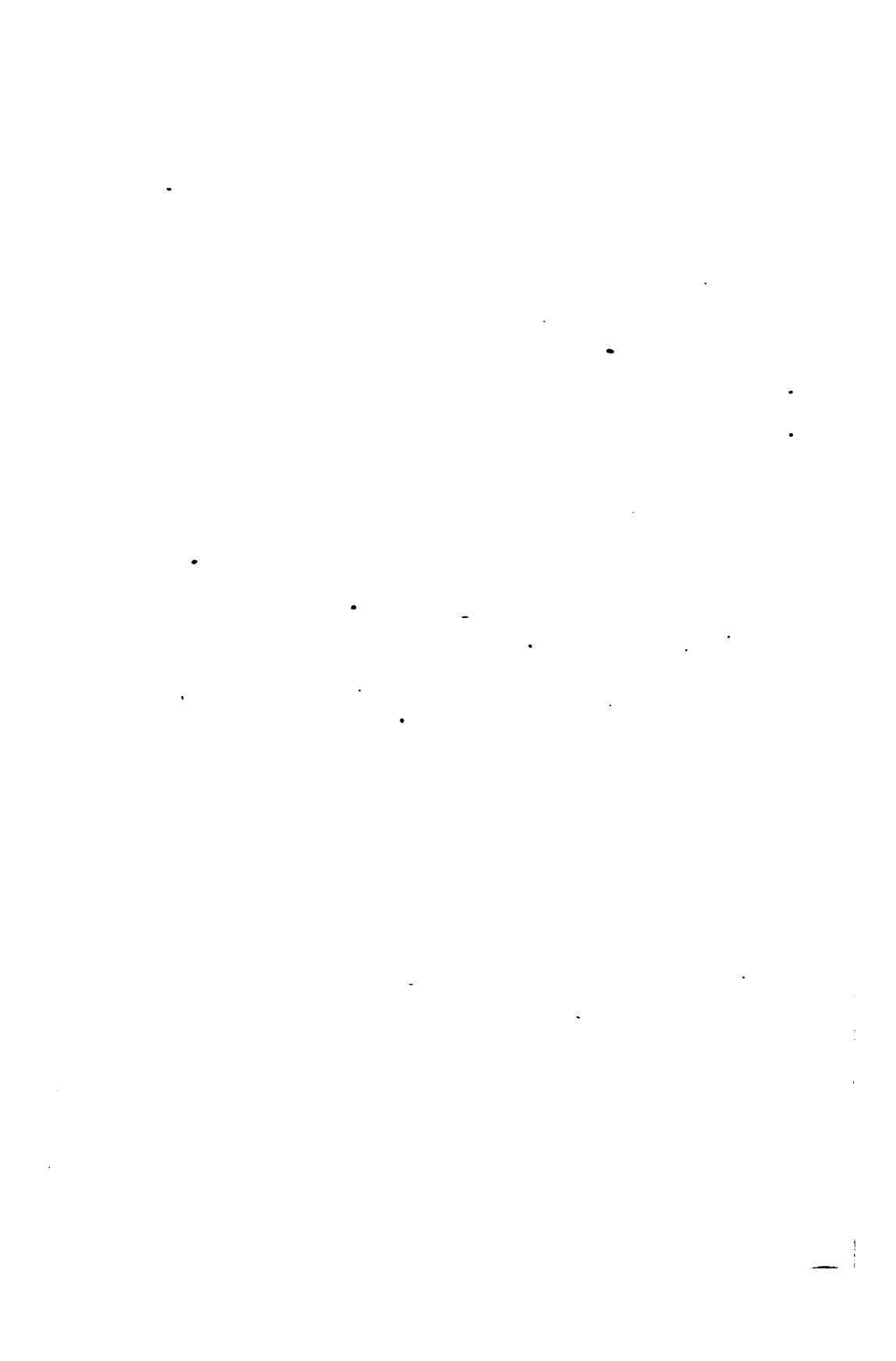
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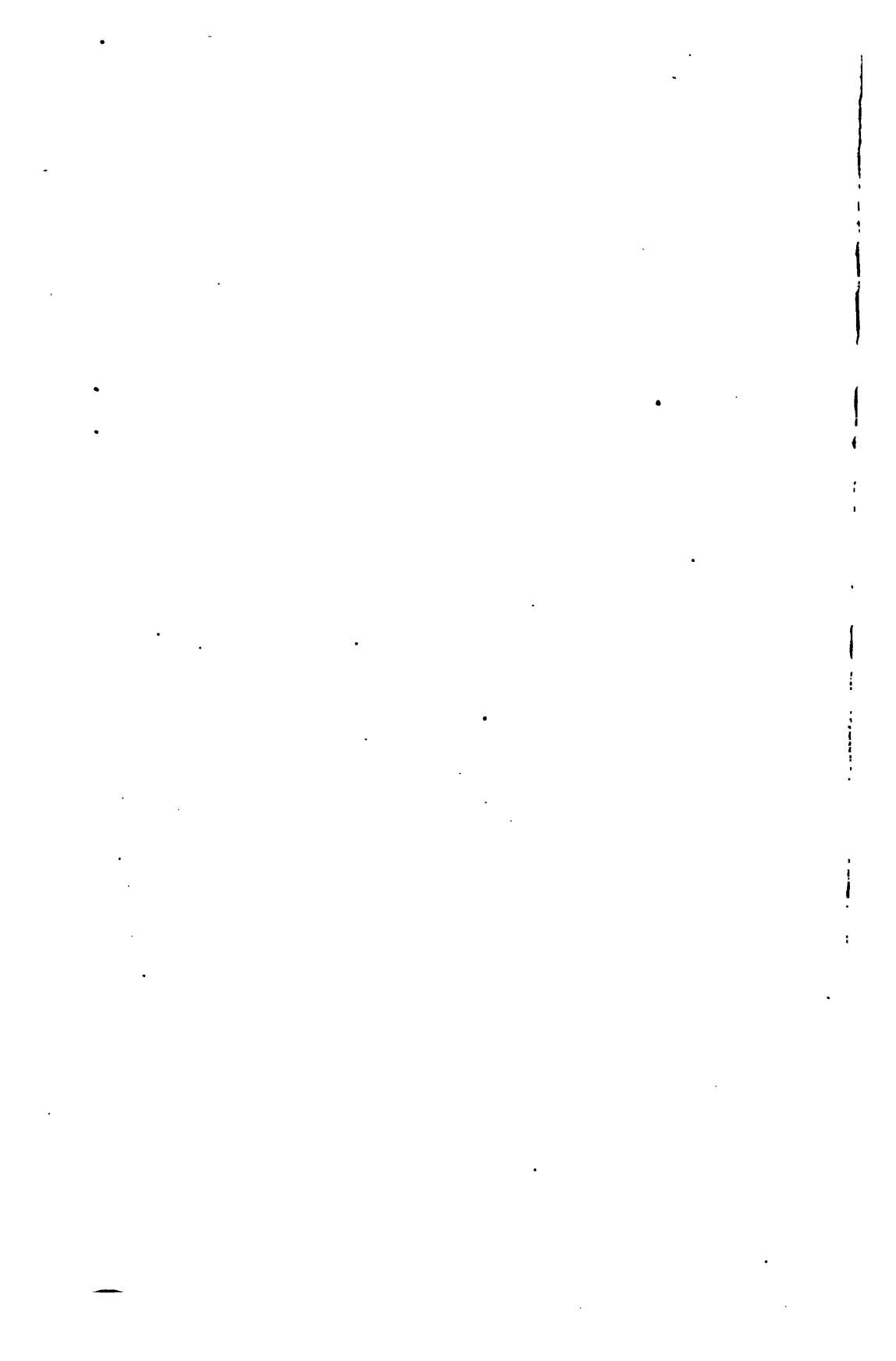
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THE
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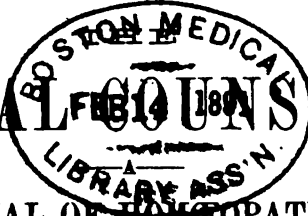
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ARTICLES IN MEDICINE.

ON APIS MELLIFICA.

BY THOMAS NICHOL, M. D., LL. D., D. C. L., MONTREAL, CANADA.

Apis is hardly inferior to belladonna as a remedy in the meningitis of children, especially the very serious form known as basilar meningitis. The little patient is soporous, with muttering delirium, and the sopor is interrupted by piercing shrieks. He bends the head backwards and bores it into the pillow, and, even when unconscious he puts the hand to the head when he screams. As a rule, the face is pale or marked with reddish streaks, and œdema under the eyes is a characteristic indication of this remedy. Puffiness of the scalp, forehead, and around the eyes, is very often present, and when conscious the patient complains that the integuments of the head feel swollen and stiff. Pains in the eye-balls are present, increased by exposure to light. From the first the pupils are dilated, and as the disease advances the eyes squint. The teeth grate, especially when the eyes squint.

The pulse is either weak and infrequent or slow and irregular, and the head sweats profusely. Underwood, who is good authority, states that the sweat has a musk-like odor. Partial paralysis may be present, with trembling of the non-paralyzed parts, and, in this case, general convulsions are very apt to supervene. The urine is scanty or suppressed.

The stools are thin and diarrhœic or the child may be constipated. C. P. Hart remarks that apis is suitable to cases which are preceded or accompanied by erysipelas.

The unnamed author of a very excellent essay on the basilar meningitis of children (*Allgemeine Homœopathische Zeitung*, 1865), makes the following pertinent remarks: "It is chiefly by its operation upon the nervous centres that the whole nervous system is affected by apis in the most violent manner; hence arise general tremor and extreme lassitude; weakness, tremor and numbness of the arms and legs, jerkings, deliriums, starting up in sleep, outbreaks of frenzy, convulsions, swooning, loss of consciousness, sudden sinking of the power of life and—death. The stroke of the heart becomes at the same time slow, weak, the pulse being hardly perceptible, or it may be like the stroke of the heart, very quick and thread-like. Respiration is slow and labored, or short and quick; appetite and thirst much diminished; the stools mostly diarrhœic, seldom constipated; the urine saturated, scanty, burning. The face is generally pale, sunken, expressing suffering, cold; the eyes shun the light, and are stuck together."

The same able writer continues: "One of the first effects of the remedy, which betokens a change for the better, is usually an increase of urine, which is very light and watery, and is often passed very frequently and in great quantities. When this symptom appears a favorable result may be announced with tolerable certainty. Consciousness begins to return as a general thing somewhat later. But if apis should not produce an evident improvement in two or three days, let it not be assumed that it is having no effect. We have seen sometimes in very severe cases the consciousness returning on the fifth or sixth day, or even later, when the eyes again begin to react. As a general thing it may soon be observed that the disease is brought to a stand, and this of itself is the beginning of improvement."

Speaking of meningitis, Jahr remarks: "After suppressed eruptions apis, according to my experience, deserves very properly and in every respect a preference over belladonna as one of our most efficient curative agents." And further the same author writes, "As regards the distinguished cura-

tive powers of this agent in cerebral affections occasioned by suppressed exanthema, especially urticaria, I am likewise prepared to confirm it by a variety of practical trials."

In this disease as in many others belladonna is the nearest remedy to apis mellifica. I pay close attention to the character of the delirium, for the delirium of belladonna is violent and alternates with coma, while the delirium of apis is much greater and, as it were, more cheerful. The belladonna patient moans in sleep and is prone to restlessness and startings, while the apis patient has a distinctly marked cry. The belladonna patient has a full throbbing pulse—full yet rapid—while the apis patient has a feeble pulse which often intermits. Lastly, and most curious of all, the belladonna patient is better when the head is covered, while the apis patient feels better with the head uncovered. In suppressed eruptions apis certainly takes precedence of belladonna.

The author of the German prize essay already referred to presents the following clinical case to show the curative power of apis 200 without any auxiliary means :

"A scrofulous child, twenty one months old, had been suffering for at least eight days with the symptoms of the premonitory stage of basilar meningitis. As usual, the parents supposed that this came from its teeth. After this it had a few convulsions, not very severe, but as these were taken for teething cramps, nothing was done for them, naturally enough, and so I found the child, at last, in the following condition :

"Face pale, of a milky blue, motionless, eyes sunken, half shut; on opening the eyelids, the eye showed no reaction, hence there was complete blindness; the pupils were much dilated, and the lids, as soon as they were let go, fell back to their place again. The muscles of the neck were tense, the head drawn somewhat back, some of the glands slightly swollen. The pulse was about fifty—small, with a peculiar pointed stroke, somewhat irritable but not hard; the stroke of the beat was weak but regular. Hearing quite gone; one might scream, clap the hands and the like, and the child would not move a muscle. Respiration was easy and slow, like that of one gently sleeping, the sixth and seventh respir-

ation failing every time. The abdomen was empty and collapsed, stool thin, but seldom, and passed unconsciously; the urine, also, was seldom and scanty, passed unconsciously and staining the cloths reddish yellow. The upper and lower extremities of the right side were perfectly paralyzed—neither pinching nor pricking would make any impression; if a limb were lifted up it fell again, like a lifeless thing, subject to the law of gravitation, when it was let go. With the left hand the child occasionally made rhythmical automatic motions, at the same time moaning incessantly. Sometimes the patient gave utterance to the characteristic wail of basilar meningitis. Not the least food had been taken for eight days, and the child had only drunk milk and water, given by the spoonful.

“The parents had not called me in with any hope that I could save the child, but merely so that they might say that the child had not died without a doctor.

“The patient received apis 200, a drop or two every three hours in a teaspoonful of water. For three whole days I perceived no particular change, only the screaming and moaning were less, and the child was more quiet and slept sometimes; on the fourth day, however, the eyelids seemed to twitch when the hand was moved quickly towards the eye. The urine was clearer and much more copious, but was, nevertheless, as well as the stool, voided unconsciously. The next day it was very manifest that the patient began to see, and the pupils were less dilated; he noticed, also, the cup of milk when it was given him, but did not seem to hear yet. The urine was very copious and watery; the respiration was no longer interrupted by the loss of one breath. On the eighth day after the beginning of the treatment the patient could see again perfectly, and hear also, and had already several times eaten bread and milk. The pulse had come up and become quicker and fuller, but was rather irritable yet; the face had lost its bluish pallor and expression of suffering. The stool was normal; the urine still copious, and the patient told sometimes that he wished to urinate. His consciousness is pretty much restored again; the sleep was quiet and sufficient. There was some sensibility in the paralyzed extremities; motion, however, was very slight, and almost wholly confined to the fingers.

“During the next week the cure progressed without interruption, so that at the close of the week the state of the consciousness, hearing and sight, left nothing to be desired.

“The patient had wheat gruel, grits, vermicelli, meal, potatoes with butter and salt, milk gruel, and some fruit. I carefully prohibit broths, eggs, or rye bread, as long as there is the least irritation of the pulse. For drinks he had only milk and water. Apis was given every four hours except when he was sleeping. The paralyzed limbs could now be moved hither and thither, though, it is true, somewhat awkwardly. The patient began to take interest again in his play things, but was at times very capricious and cross. He could scarcely sit up in bed; the muscles of his neck were no longer rigid.

“At the close of the third week the cure could be considered complete, weakness excepted. No trace of the previous paralysis was to be found, except that the patient seemed inclined to favor these parts. He now had light broths and egg-soup, and in the course of the next fortnight recovered entirely. The child is now six years old, and in every respect sound and hearty.”

The same excellent observer thus discourses on the dose: “While for a long time we used the various potencies of apis, and convinced ourselves that the lower potencies did not operate so certainly as the higher — sometimes, indeed, not at all — we have for some years past used the 200th with results which scarcely left anything to be desired; and while years ago, it was only exceptional, that we brought a case of hydrocephalus acutus in the fully formed stage of cerebral pressure to a happy termination, never took them in hand but with reluctance, and looked upon the patients as pretty certain candidates for death, it is now one of our favorite diseases to heal.”

LEPROSY IN INDIA.—The official report gives 135,000 as the existing number of lepers in India, but there can be little doubt, says an English journal, that they already exceed 250,000 and that their numbers are steadily increasing. No attempt at isolation is made.

OPHTHALMOLOGICAL NOTES.

BY H. H. CRIPPEN, M. D., SAN DIEGO, CALIFORNIA.

According to Charrier and Boyer (*Recueil d'Ophthalmologie*, 1888, page 190), in rabbits poisoned by four to five grammes of menthol, cataract develops within two hours after the death of the animals.

Professor Schmidt-Rimpler, of Marbourg (*Archiv. für Augenheilkunde*, t. XVIII, fasc. 2), reports an observation, on a case of glioma of the pons varolii. A young woman of twenty years, without diathetic taint, was attacked by paralysis of the external rectus of the right side, then of the left. These paralyzes varied in degree, being sometimes better and sometimes worse. At the same time vertigo and cephalalgia appeared. Two months after the appearance of these symptoms aphasia ensued, and certain muscles of the face were also attacked by paralyzes. The oscillations, from better to worse and return, disappeared and the general state became slowly aggravated. There followed in turn paralysis, with contractures of the muscles of the extremities, of the trunk, and of the face, excepting the orbicularis, the internal rectus and the superior oblique. During the last days of life symptoms of optic neuritis of both sides appeared. At the autopsy a glioma of the pons varolii was found which had invaded the roots of several of the cranial nerves.

Ocular affections of malarial origin are of interest to all practitioners, not because of the lesion itself, but because they point to a general participation of the trophic nerves in that condition of the system which is termed malaria. Dr. Van Milligen, of Constantinople (*Recueil d'Ophthalmologie*, 1888, page 243), has met with several cases of keratitis which appeared in the course of intermittent fever. From these he selects the type of the disease as follows: A superficial erosion appears at the external side of the cornea, very rarely elsewhere. One would call it a slight traumatism. Examination with the mirror will show that this has irregular edges. The corneal tissue, at first transparent, is soon affected. The bottom of the erosion becomes unequal, it advances by a kind of necrosis, gaining in extent and affecting the middle of the cornea; but it has little tendency to

perforation. At the same time the infiltration sends radial prolongations into the healthy tissue, recalling thus the aspect of a post-operative, striated keratitis. The subjective symptoms are variable: In the beginning there is pain, a sensation of a foreign body in the eye, and lachrymation; afterwards the pain may become less or it may persist. The pericorneal injection is little marked and far from being in proportion to the apparent gravity of the lesion. This ulcer has an asthenic and a torpid progress. Vascularization only appears after some weeks and resolution is slow, leaving an opaque cicatrix, which affects the vision and is increased by the persistence of striæ.

New anæsthetics seem to be the craze, but, after a little experience with each one as it arises we are quite content to return to our old friend, cocaine hydrochlorate. The latest candidate on the list is that studied by Drs. Lewin and Bernheimer, of Heidelberg (*Rec. d'Ophthal.*, 1888, page 370), *Erythrophleinum muriaticum*. This new anæsthetic is extracted from the bark of the erythropheum guineæ, from the west coast of Africa. The alkaloid is of a yellowish amber-color, non-crystallizable, and soluble in acidulated water. Merck's preparation is employed in a solution of 2 to 100. The instillation of a drop of this collyrium in a healthy eye caused at the end of five minutes a sense of quick burning, lachrymation and spasmodic closure of the eye-lids. The conjunctiva became very red, with a certain pericorneal injection. At the end of ten minutes sensibility had diminished in the cornea and conjunctiva but had not disappeared. This state lasted a half hour, then the sensibility became normal. The insufficiency of this result determined the author to experiment first on animals.

Two drops of the solution were instilled in the eye of a rabbit; which quickly closed the eye, seeking to defend itself. At the end of ten minutes the eye was injected and still sensitive. Instillation renewed: The animal again closed the eye, but at the end of five minutes the cornea and conjunctiva became insensitive, even to the most rude touch. This insensitiveness lasted eight hours. In the second part of the ninth hour the sensibility became normal. During

all this time the eye-lids remained sensitive on their cutaneous aspect and on their ciliary border; the slightest touch on the eye-lashes produced winking. At the end of the first five minutes the conjunctiva became congested and remained injected during the whole time of the experiment. At the end of a half hour the cornea appeared punctated and as if covered by a cloud. The following day the conjunctiva had regained its normal aspect but the cornea was covered by spots and was the seat of a diffuse affection. Thinking that this alteration was due to the various manipulations instituted to verify the anæsthetic condition, three drops were instilled in the other eye without touching it. The following day this cornea presented the same aspect as in the case of the first eye. During this day the cornea became wholly transparent. In experimenting on the effect on the iris, three drops of the solution were instilled in the eye of a rabbit, and when insensibility was attained a puncture was made with a keratome. During fixation and incision of the cornea the animal did not move; but when the iris was seized it made the most violent efforts.

The experiments on man were now taken up again. With an interval of ten minutes two drops of a 2-100 solution were instilled in the left eye of a patient, in which there had been recognized by previous examination the existence of emmetropia and of a normal play of accommodation. At the end of five minutes the patient experienced a strong burning, had lachrymation, injection of the conjunctiva and ciliary injection. The cornea remained transparent. At the end of twelve minutes incomplete anæsthesia of the conjunctiva and of the cornea, which was complete at the end of eighteen minutes. The conjunctiva did not feel the contact of a feather nor the prick of a needle. At the end of an hour still insensitive. The visual acuity remained normal; accommodation normal and the emmetropic state unaffected. The pupil was not modified. Towards the close of six hours the anæsthesia diminished, and at the end of the sixth hour it had entirely disappeared. The eye was reddened, but the cornea transparent. On the following day the upper eyelid appeared slightly reddened but not swollen; the cornea was affected by a diffuse cloudiness; its epithelium was intact;

the pupil was contracted; the iris congested. There was no pain, but photophobia. Atropine was instilled. After an hour and a quarter the pupil dilated, but the injection and the corneal trouble persisted. Hot compresses were applied. The following day the cornea cleared up and the symptoms of iritis disappeared.

In reviewing this experiment we conclude that erythropleinum muriaticum does not present to us any marked advantage over cocaine, but, on the contrary, that its use will expose us to the disadvantage of liability to inflammatory accidents. To be sure the anæsthesia produced by this new anæsthetic is of longer duration than that produced by cocaine, but, for operations on the cornea, iris and conjunctiva, the dangers of inflammation more than overbalance this one virtue.

It yet remains to be determined what the effect will be of subcutaneous injections of erythropleinum for operations on the eyelids.

IDIOPATHIC PERITONITIS.

BY G. G. CARON, M. D., MORPETH, ONT.

Although comparisons are odious, it is as well for homœopaths to occasionally compare treatment with their allopathic brethren. The disease under consideration being an extremely fatal one as well as a comparatively rare one, I deem it of sufficient importance to give the readers of the COUNSELLER, especially the young men of our school, a brief outline of the allopathic treatment as observed by myself.

Our friends of the dominant school pride themselves on their diagnostic skill, consequently we will courteously accept their (for there were at least six M. D's concerned) diagnosis of the above named disease, and proceed with the symptoms and treatment. During the past three years an allopathic friend has treated fully sixty cases of peritonitis, with a small percentage of fatal cases—about fifteen per cent. He has never been able to determine the ætiology as yet; I think it was due to the water and atmospheric influences.

The symptoms are of two types mainly. The more common type being ushered in with a chill followed by high fever,

intense cutting pain, constipation, vomiting of a greenish, foul-smelling fluid, rapid wiry pulse, and marked tympanites. The less common type is ushered in with a heavy, full feeling in the region of the stomach or duodenum, followed in a brief time with cutting and stabbing pains extending in every direction, even to the shoulders; there may be chilliness preceding or accompanying the pain, but rarely is there a distinct chill in this variety; constipation and vomiting similar to the other variety as is its tympanites, but the marked difference is in the temperature, which is invariably below normal from one to three and a half degrees.

I have seen it 2.5° below normal at the onset, but as the pain lessened the temperature would rise. My Old School friend has observed this type of case to begin with a temperature of 95° and gradually lower until death occurred.

Old School Treatment.—The one method being observed by all that I have met, namely, cathartic doses of calomel and rhubarb, or if the case appear of a mild type, sulphate of magnesia is given. Should this not clear out the alimentary canal and allay the pain, or if it even purges the poor patient but does not check the pain, then comes the grand panacea, opium. It is usually given in the pulverized powder together with bismuth. The *rationale* of this treatment is, the opium deadens sensation, quiets the peristaltic action of the bowel and prevents effusion; the bismuth is a sedative, especially for the stomach, to check the vomiting caused by the disease, as well as to counteract any tendency the large doses of opium may have upon the vomiting centre.

Grain doses of opium are at first given with bismuth, sufficiently often to allay pain; if that does not check it in an hour or two, the dose is increased. I have known one allopath to give nine grains within one hour, and then employ several nurses to keep the patient awake for hours afterward. If the patient's constitution can hold out, he recovers so as to move around out of doors in two or three weeks; if he succumbs, to either the disease or treatment, or the combination, the friends are consoled with the remark "that everything was done for the patient that mortal could do." Local

measures (heat) are used as well as rectal injection, when the tympanites is great.

Homœopathic Treatment.—The remedies mentioned are the ones used in treating five cases under my charge during the two months, October and November. If called early in the attack one remedy usually was sufficient; but I must confess to a feeling of timidity when called upon to see the first case. The laity have been educated to the allopathic treatment, and expressed surprise when a few drops of belladonna 2x were given in a glass of water, instead of the delicious calomel and rhubarb. Even greater surprise was manifested when no capsules of opium and bismuth were left for them. A few doses of belladonna or ipecac would often quickly, pleasantly, and safely remove the whole difficulty. For the cases with pain in the stomach, and a feeling as if a lead ball were there, bryonia 3x was given; these three remedies with arsenicum album were all I used in the five cases treated. Other remedies might be called for, and even morphia might be useful, if the attack had run some time before seeing the patient. The strangest part of such cases is that the patients do not always give you credit for curing a similar disease to that which our allopathic confreres have treated. The cure is too rapid for so fatal a disease, they say.

ARTICLES IN SURGERY.

SPECIALIZED MESSAGE IN JOINT TROUBLES.

BY MARK S. PURDY, B. S., M. D., DETROIT, MICH.

It is a well known fact that a class of ignorant charlatans known as "bone setters" have obtained results in the treatment of many joint troubles, which have put the intelligent surgeon often to shame. While their operations have not been uniformly free from evil results, they have taught the practitioner that scientific manipulation of a chronically diseased joint is often productive of good results after other methods have been tried in vain.

That scientific massage can affect the circulation of a diseased joint has been conclusively demonstrated by the classic experiments of Prof. von Mosengeil, of Amsterdam. "He

took a number of rabbits and injected into the knee joints a syringe full of Indian ink. Massage was performed at intervals on the right knee, but the left was left untouched. At the expiration of twenty-four hours or more the animals were killed, and the tissues on both sides were carefully examined. The left knee joints were distended with fluids, whilst on the right side which had been manipulated it had entirely disappeared. The lymphatic glands on the right were full of particles of Indian ink, whilst the corresponding glands on the untreated side remained unaltered. The differences were so marked as to be visible to the naked eye. The conclusion arrived at as the result of these, and a number of similar observations, was that massage promoted absorption by the lymphatics."

The primary "indications" in the treatment of chronic joint troubles are: (1) Improve the general health; (2) avoid over-exercise of the joint; (3) remove, as far as possible, hyperæmia of the joint; (4) gradually break up and absorb adhesions which produce pain and interfere with the motion; (5) improve the nutrition and circulation of the extremity affected.

All of these "indications" are fully and perfectly met by the application of specialized passive motion.

Vibratory massage applied by means of apparatus which transmit rhythmic waves of motion, is a most effective tonic and accelerator of all the nutritive activities. Hyperæmia of the joint is most promptly and effectively removed by the *revulsive* effect of manual and mechanical massage applied, not to the congested tissues, but to the surrounding regions. This revulsion is evidenced by the sensation of tingling and itching which accompanies the mechanical massage and by the marked diminution of the *pain*. The joint which previously has been intolerant of all motion will soon permit moderate motion, either the oscillatory vibration of the extremity by the apparatus or moderate flexion and extension by the hand. The period of time during which the motion should be limited to the surrounding tissue will depend entirely upon the condition of the joint. In cases of rheumatic arthritis the joint tolerates vibratory oscillation after a few days' preparatory treatment. Where

there is considerable inflammation remaining, greater caution should be used before breaking any adhesions. After *brisement force*, or forcible rupture of the joint, for ankylosis, scientific passive motion will produce prompt results where the indiscriminate flexion and extension, as ordinarily used, drags the case along month after month, until the patient becomes discouraged — or on account of the pain the patient allows ankylosis to re-occur.

Not only will manual and mechanical massage serve to break up adhesions and absorb deposits, within the joint, but it is equally effective for the absorption of effusions, as in chronic synovitis. This is the universal experience of all thoughtful operators and surgeons. Sayre, Maish and Barwell are equally agreed as to the value of massage in joint affections, yet many unfortunates are allowed to relapse into a condition of hopelessness for lack of something more than the usual routine of rest, and extension. These means are necessary, but if the patient would hope for a perfect joint, there comes a time when it must have *use*, and to give the patient this use without danger of injuring the joint, there is no remedy so prompt and so positive in its effects as carefully applied massage combined with passive and resistive Swedish movements.

The application of manual massage can undoubtedly be comprehended by any intelligent practitioner who possesses sufficient manual adaptability, but its practical application requires more time than the average physician can command. The use of apparatus and the adjustment of the *order* of movements, and massage can be mastered only by the most careful study and observation. The beginner is liable to use the motion too much over inflamed regions and with no regard for the order in which the movements are used. When properly prescribed, the mechanical motions have a far greater effect upon the circulation and nutrition, and consequently produce results totally unattainable by manual methods.

Should the matter excite sufficient interest, I hope in a future article to describe the various movements which are included under the terms manual massage.

LAPAROTOMY FOR THE REMOVAL OF AN OVARIAN
CYST.

BY J. M. LEE, M. D., ROCHESTER, NEW YORK.

Mrs. G——, of this city, aged twenty-six years; weight 117 pounds; married seven years. Nothing of interest in the family history.

The patient had always been remarkably well until two years after her marriage, when she began to grow fleshy so rapidly that in one year her weight increased from 125 pounds to 208 pounds. She suffered from general abdominal pain, headache, faintness, pain in the breasts, "morning sickness" and vomiting. Upon consulting a physician she was told that she was pregnant. The catamenia was always regular, and reappeared every twenty-eight days; flow moderate, and not accompanied by any considerable pain. During the inter-menstrual period she had at one time a severe attack of uterine hæmorrhage preceded by cramps and bearing-down pains; with the flow, a supposed clot was expelled, which was examined by a physician and pronounced to be a young fœtus with its membranes. Her suffering and general condition, however, remained the same; and during the next two years, although no definite diagnosis was made, she was treated at various times by different physicians for "inflammation of the bladder," "inflammation of the womb," "nervousness," "general œdema," etc., etc. At times, during this interval, she was able to be up and about the house; but she was confined to her room for several months before the operation.

In the winter of 1886 she had a long and severe illness, of which nothing definite is known except that it was characterized by frequent vomiting, headache and general debility, with constant abdominal pain. She lost flesh rapidly, and, when next able to be about, weighed 160 pounds, a decrease of forty-two pounds in two months. She was treated for a supposed abscess of the uterus which discharged into the rectum. Large quantities of pus and mucus were expelled with each evacuation of the bowels. In about two weeks the discharge ceased, and the patient was pronounced "cured." Her general health was somewhat improved. She

assisted in her household work, and took almost entire care of her mother during a long and severe illness. However, she suffered more or less pain, great abdominal distension and tenderness, and a peculiar fluttering sensation referable to the left iliac region. She also experienced considerable pain in the region of the umbilicus with each defecation, and pus again appeared with the *fæces*. The catamenia, although regular, gradually decreased until sometimes it was hardly perceptible. The patient was anæmic, and had daily attacks of nausea, vomiting and faintness. These symptoms gradually but steadily increased until in July, 1888, she was again confined to her bed. She could retain nothing on her stomach, and the food was regurgitated as soon as it was swallowed. The abdomen was swollen and tympanic, while the slightest pressure caused the most excruciating pain. The abdominal pains increased beyond endurance, and hypodermic injections of morphine were given.

The correct diagnosis had not been made until Dr. Cook, of Brockport, was called and treated the patient for acute peritonitis, when he discovered a tumor in the left ovarian region, about the size of a child's head. Soon afterward, acting under the doctor's advice, she consulted me with reference to its removal. After an examination under chloroform, immediate operative measures were decided upon as affording the only hope, and that extremely slight. She entered the Rochester City Hospital on the evening of Aug. 24th, 1888. On the following morning my "better half," Dr. S. I. Lee, chloroformed the patient, and with the further assistance of the hospital physician and surgeon, together with Drs. Cook, King, and my student, Mr. Leigh Y. Baker, the operation was fairly begun. A small median incision was made, which had to be extended from the symphysis pubis to a point one inch above the umbilicus before the peritoneal cavity could be opened, on account of parietal adhesions. The hæmorrhage was very profuse, and required eighteen pairs of pressure-forceps to control the bleeding points. The peritoneum was found to be adherent to the omentum, which was, in turn, firmly attached to an adhesive mass, composed of coils of intestines, the bladder,—in short, every tissue contiguous to the tumor. These struc-

tures were intimately united by inflammatory products, and formed a complete capsule for the tumor of great strength. The most perplexing feature of the case was, that the organs which formed part of the new covering of the growth, could hardly be distinguished from the adventitious tissue which bound them together.

Again, this ugly-looking mass could scarcely be moved, much less raised out of the cavity of the abdomen.

The omentum was separated from its attachments, and parts of it removed. This exposed a mass of intestinal coils, adhering to one another, which formed the anterior and superior surfaces of the new sack. An incision large enough to admit two fingers was now made, with a pair of blunt scissors, through the adventitious tissue, between the coils of intestines, down to the sky-blue ovarian sack. This opening was enlarged with the fingers, and the cyst, which was adherent throughout its entire surface, was enucleated and removed intact. Not a single ligature was employed during this part of the operation, although the pedicle was separated; but, unfortunately, a few drops of pus escaped into the pelvic cavity. When the cyst was opened, it was found to contain twenty ounces of pus, and what was supposed to be broken-down ovarian tissue, as no other trace of the left ovary could be found.

The small intestine was lacerated for over two-thirds of its circumference. The ragged edges of the rent were cut away, and it was closed by two separate continuous sutures of No. 2 carbolized catgut. First, the mucous coat was carefully sutured, then the muscular and serous. The knuckle of intestine, which had been loosened from the adventitious tissue an inch or two each way from the rupture, so as to sew it, was left attached to the capsule. At the bottom of the cavity made by the removal of the tumor, the large intestine was opened sufficiently to admit the index finger freely. Doubtless this was where the pus discharged through the gut last winter, and the opening had healed up, which left a tough cicatrix between the sack of the tumor and the intestine. At any rate, the edges of the intestinal wound were very ragged, and appeared as though a cicatricial plug had been drawn out of the gut. Furthermore, the tissues were

softened and degenerated to such an extent that the wound was closed with great difficulty, and at no other point was there evidence that pus had been discharged into the intestines. A catheter was inserted into the bladder and water injected, until it was apparent that that organ was intact. The loose tags of adhesions were trimmed away, the cavity thoroughly washed out, and the incision closed by nine deep and two superficial sutures of silkworm gut. A large Tait drainage tube was inserted into the cavity left by the cyst, and to this was attached a piece of rubber tubing, which reached to a basin of carbolized water on the floor.

The wound was supported with adhesive straps, and a Calendula dressing retained by a flannel binder.

During the operation, which lasted two hours and twelve minutes, the patient showed marked signs of collapse, and hypodermic injections of brandy were frequently resorted to.

1:30 P. M. Patient in bed; slight evidence of shock.

4:00 P. M. Pulse, 120; temperature, 98½°; respiration, 28.

Champaigu and cracked ice given in small quantities; aconite every two or three hours. 8 P. M., reaction good; temperature, 99¼°.

Hypodermic injection of morphine, gr. ¼, and atropine, gr. ~~1/16~~ given — patient passed a very comfortable night.

Total paralysis of bladder, with incontinence of urine, continued for twenty-four hours, after which patient gained control of bladder.

August 26th, (2nd day). Patient very comfortable except frequent vomiting. Beef peptonoids per rectum.

August 27, (3rd day). Primary dressings removed, and four ounces of dark colored pus drawn off through tube, which was taken out, cleaned and replaced. Abdomen irrigated several times each day with a weak solution of carbolic acid, and each time from two to four ounces of foul discharge drawn off. Increased offensive discharge caused me to suspect a fecal fistula; enemata per rectum discontinued and liquid peptonoids given per vaginam. Iodide of arsenic alternated every two hours with hepar sulph. Patient took nothing by mouth except brandy and crust coffee. Temperature, normal; suffered very little pain; during her entire sickness never had more than ¼ of a grain of morphine in

twenty-four hours; this amount only for first day or two. A dose at night was usually sufficient. I used more morphine in this case than in all my other fifty laparatomies. As a rule do not find it necessary to use any.

August 31, (7th day). Stitches removed; wound healed by first intention; patient given solid food. On afternoon of August 31st large movement of thick *faeces* through wound, which continued to discharge *faeces* and pus more or less copiously for thirty-five days. Food was found perfectly digested, which showed fistula existed alone in large intestines—evidently wound in small intestine had healed by first intention; *faeces* could be felt in rectum; patient often felt as if about to have natural movement, but it would always turn back and come through abdominal opening. Small stitch abscess formed, which may have accounted for a rise of temperature to 101° Fahr; highest temperature yet recorded. Examination of urine showed, sp. gr. $\frac{11}{10}$, acid reaction. Albumen well marked.

Sept. 3d. (10th day). *Faeces* still felt in rectum, and, with a view of aiding peristaltic action, hypodermic injections of morphia discontinued without slightest inconvenience to patient. Bryonia prescribed.

Sept. 4th, (11th day). Two ounces of olive oil injected per rectum, but without desired result, as part was expelled clear and the rest mixed with *faeces* came through fistula.

Sept. 5th, (12th day). Patient had three small loose stools with mucus. After this bowels moved regularly and naturally every day, but some *faeces* always came through wound with each movement per rectum.

Sept. 6th, (13th day). Solid food and powders of hepar. sulph. and iodide of ars. resumed. Temperature ranged from 98 $\frac{1}{2}$ ° to 101 $\frac{1}{2}$ °, rising every afternoon, but normal in morning. On evening of Sept. 6th, pulse 120, temperature 102 $\frac{1}{4}$ °, respiration 28. Patient complained of constant headache, but slept well and had a ravenous appetite. Several small abscesses, which afterwards discharged pus through wound, were forming at this time.

Olive oil was found in the pus thus discharged, which showed that oil, and probably particles of *faeces* had been

imprisoned in the tissues, and set up irritation, which may have caused the abscesses.

Sept. 7th. Examination of urine showed sp. gr. 10:17. Albumen well marked, pus cells, sodium urate, and squamous epithelium.

In spite of movement per anum, discharge of fæces and pus through wound had not materially lessened, but wound gradually contracted so as no longer to admit glass tube, and a No. 40 F. rubber catheter was now used for drainage, smaller ones being employed as the wound contracted.

Sept. 12. Wound discharged but little fæces and was thoroughly irrigated night and morning with one quart of water at a temperature of 110 degrees, to which was added water one drachm of calendula tincture. During irrigation patient placed on her side, fountain syringe suspended at some height above bed, and water allowed to run freely through wound. Thus the entire lower bowel was washed out, as part of water used often found its way through rectum.

Patient's general condition markedly improved, temperature varied from normal to 100 degrees; appetite good; slept well; gained flesh and strength daily, and often volunteered the statement that she "felt better than she had for years."

Sept. 14 (12th day). Slight attack of diarrhœa; undigested food noticed in stools; diet restricted for a few days, and china given to aid digestion.

Sept. 16th. China discontinued; solid food given; tablets of silicia prescribed. Patient continued to gain in every respect; discharge gradually grew less; cavity contracted so as to admit nothing larger than a No. 20 F. catheter, which was inserted for about three inches. If introduced beyond this point, liquid fæces would always well up through instrument.

Sept. 25th. Urine examined, sp. gr. 10:20; albumen marked; oxalate of lime; pus cells. Vaginal and ureter epithelium, granular cast.

Sept. 30th. Discharge very slight; wound irrigated with ten per cent. solution of peroxide of hydrogen.

Oct. 4th (41st day). Catheter discarded, as under influence

of the contractile powers of hydrogen peroxide wound no longer admitted of artificial drainage.

Oct. 6th. Patient's general health well-nigh perfect; appetite good; slept all night and "felt better than ever"; experienced no discomfort from any source, excepting occasional griping pain in bowels during defecation.

Wound discharged about a drachm of pus in twenty-four hours. Patient up, dressed, and walked about hospital.

She left above institution about seventh week after operation. Since this time she has been at liberty to go where she pleased about neighborhood. She was cautioned not to eat indigestible substances, but unfortunately a few raisin seeds in her pudding eluded her vigilance and were swallowed. These little bodies found their way into fistula, and developed an abscess, which discharged several seeds with pus through abdominal opening.

This disturbance soon subsided and no fæces have come through opening within three weeks. At present, ninety-sixth day after operation, patient's health is normal; she has regained sixty-five pounds of flesh, and there is fair prospect of soon reaching her former weight, two hundred and eight pounds.

CLINICAL CASES, HOMŒOPATHIC HOSPITAL, U. OF M.

(Service of Prof. H. L. Obetz, M. D.)

REPORTED BY E. H. STEVENS, CLINICAL ASSISTANT TO THE CHAIR
OF SURGERY.

Case I.—B. P——, appeared before the class Oct. 8, 1887, and gave the following history:

His mother had on each shoulder what was said to be a cancer, but died of paralysis, at the age of 64.

The patient had two carbuncles on the back of his head a few years ago. About four years ago he had a tooth extracted, and a year after a fungus growth which looked like a nail appeared on the upper jaw, where the tooth had been drawn.

In July, 1887, it commenced to enlarge, and about a month later pained him severely. There was also a small amount of discharge from it. His general health has been good,

with the exception that he has had rheumatism and nasal catarrh.

On examination, the upper jaw on the right side was found to be covered with a large malignant-looking growth, which caused his teeth to bulge out to quite an extent. None of the surrounding glands were involved.

The tumor was diagnosed epulis, and the diagnosis was confirmed by the microscopical examination of a small section.

The growth was removed by the excision of almost the whole of the superior maxillary bone. The upper lip was cut through in the median line, the incision carried around the ala of the nose to near the inner angle of the eye, and thence across the upper portion of the cheek, just beneath the orbit, to a point below the outer canthus. The cheek was then dissected from the bone, one of the front incisors drawn, the jaw sawed through at this point, and by means of the bone forceps the jaw was torn away. The flat was then replaced and fastened by silver wire sutures.

The operation was a bloody one on account of the extreme vascularity of the tumor, but the patient recovered from it nicely, and ten days later was discharged.

Before the operation the patient was made stupid with whisky, and then completely anesthetized by chloroform.

On Dec. 7, 1888, he reported he felt quite well after he arrived home, commenced work almost immediately, and has been in good health ever since except that he is troubled with his old complaint, rheumatism. Up to the present there have been no signs of the return of the growth.

DR. WYSS, of Geneva, says for more than two years he has treated numerous cases of chronic Bright's disease with from five to ten drops of the ethereal tincture of perchloride of iron in a glass of water three times a day. In more than half the cases the albuminuria and other symptoms rapidly disappeared.

AN OHIO physician, who brought home for microscopic examination a portion of the throat membrane of a diphtheria victim, permitted his children to look at it under a glass cover. Shortly after his entire family was stricken with diphtheria, and two of his children and himself have since died. Five children are yet down with the disease and are in a critical condition.

THE MEDICAL COUNSELOR.

D. A. McLACHLAN, M. D.,
EDITOR.

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EDITORIALS.

HYPNOTISM, OR ANIMAL MAGNETISM.

To the great majority of persons, this is not a new thing, though many would fail to recognize it under the term now generally applied to it by scientific and professional men. The word "mesmerism" arose from Mesmer, the great charlatan, whose wonderful tricks and power made him famous, in Paris, many years ago, and another synonym, "animal magnetism," still holds sway in the popular mind, and originates doubtless from associating the peculiar phenomena manifested during this artificial sleep, with the existence of a "magnetic fluid" or some other mysterious influence. Almost always and by everybody it has been looked upon with skepticism or superstition, but quite recently it has come to be regarded with a spirit of curiosity to say the least, which has led to earnest investigation upon the part of some of our most eminent scientists. Beyond doubt there was an element of truth in Mesmer's teaching, but through the deception and fraud which he practiced to satisfy his greed or love of notoriety, it fell into disrepute, and thus, like many another

important fact, has since lain among the rubbish undeveloped and well-nigh forgotten.

The first *scientific* study of these phenomena was made in 1841 by Braid, an Englishman, who stripped it of its glamour of romance and mystery, by showing that none of the magnetic touches or passes practiced by Mesmer were necessary to put a subject into a sleep or trance. He merely required the person to fix his eyes upon a glass ball, and his thoughts *on going to sleep*, and in a few minutes he was slumbering. This state he called hypnotism or "nervous sleep."

In 1866 and in 1878, respectively, Liébault, of Nancy, and Charcot, of Paris, began the study of hypnotism, and to their observations we owe most of our present knowledge of these peculiar phenomena. It seems to us that the former is the more reliable observer of the two, for Charcot's subjects were very largely hysterical patients, and very many of the hypnotic manifestations recorded by him seem evidently due to "*suggestion*."

Just here it may be well to inquire what we mean by suggestion, and what relation it holds to hypnotism. It is not easy to define the latter exactly. It seems, however, to be a condition of induced sleep, similar in most respects to ordinary sleep, but in which the mind is peculiarly susceptible to *external* impressions. In ordinary sleep it is well known that the mind is more or less active, and this mental activity is known as dreams. These, as a rule, are spontaneous; i. e. they originate in the brain of the sleeper. But we know further, that even in normal sleep, impressions may be received from without. A moonbeam striking the eyelid, in the fancy of the sleeper becomes a conflagration; the creaking of a dry floor becomes the tramp of an assassin; the sighing of the wind becomes a tornado; dryness or tickling in the throat becomes a feeling of suffocation; the slightest prick or sting becomes the most intense pain, etc. Something akin to these exaggerated fancies in sleep is seen in children in the waking state, who upon seeing some object for the first time imagine it to be something terrible, and are frightened in proportion as their fancy is active or slow. In childhood there is nothing to control the imagination, but as age increases, reason and experience are called upon to decide as

to the harmful or innocent character of the object seen, and apprehension disappears at once, or steps are promptly taken to avert the danger. These spontaneous suggestions are not confined to children alone. Who among our readers while attending a case of diphtheria has not felt his throat ache, and a mental suggestion that possibly he has taken the disease? Or when at some point of danger, has not experienced a suggestion or impulse to self-destruction—to throw himself from the top of a building or precipice, for instance?

But these impressions may be more direct during sleep. The writer recalls a friend of his boyhood, who in his sleep was remarkably receptive, and was made to furnish no end of amusement for his fun-loving playmates. He was a sound sleeper, and when found in this condition, his tormentors having learned his peculiarity, would suggest to him that he was driving horses, and he would at once imitate the position and movements, incident to such occupation. Or he was made to chop wood, pump water, or any one of the many things he was accustomed to do upon his father's farm. To cap the climax, he was told to roll over to escape something that was falling upon him, and thus made to roll out of bed, or was told to swim to escape drowning, when he would strike something and awaken.

Many instances of this sort are on record, and all seem strikingly similar to the various phases of hypnotism, for when in this induced sleep, persons are told to perform any act, they obey the command mechanically, having no power to resist the impression received from without.

These commands or impressions then are what are termed "suggestions" when used to induce the hypnotic state, or to cause the subject to execute any movement desired by the hypnotizer.

The mental activity of waking and sleep has two elements — conscious and unconscious cerebration. The former is under control of the will; the latter is not. The former is more or less active during waking, and entirely suspended during sleep. The latter is more or less active during both waking and sleep. Who among our readers, when unable to recall something to mind, has not said, "Wait a moment; I'll think of it when I'm not trying to," and after a time,

while busily thinking over something entirely foreign to that which he desires to recall, has suddenly and spontaneously spoken the word or idea sought for. Here unconscious cerebration was going on all the time, and finally found the desired word or idea, while conscious cerebration was equally active but under direction of the will was engaged upon something entirely different. It is not a rare occurrence, either, for persons when asleep, while conscious cerebration is *wholly inactive*, to waken suddenly and discover that during sleep they have solved some problem which they had failed to do before retiring, or that a poem or other inspiration had been evolved by unconscious thought.

Such instances could be multiplied indefinitely, and all tend to show that, however feebly or haltingly may be our waking thought, our unconscious thought may be phenomenally active and profound. Many mute inglorious Miltons have lived and died without recognition, for conscious thought is the necessary instrument which records unconscious cerebration, or imagination, or dreams, as we may choose to call it. A poet may dream poems, and a novelist a romance, but unless they consciously write them down the world is none the wiser.

"Suggestion" then is simply an external impression upon unconscious thought—it may be ordinary external influences as in the case of dreams, or it may be the human voice as in hypnotism. And now let us see how these suggestions bring about the hypnotic sleep. Charcot's method is similar to that of Braid—the subject gazes intently upon a bright object and soon falls asleep. He regards hypnotism as an abnormal neurosis, a *pathological* condition, and divides it into three well defined stages, lethargy, catalepsy and somnambulism. The first is induced by looking at a bright object; this may be changed into the second by simply raising the eyelids, and the third may be primarily induced by fixation, or from the second by friction of the operator's hand on the top of the patient's head.

Liébaux on the other hand regards it, not as a pathological condition, but as one closely allied to natural sleep, and one that can be brought about in a great majority of healthy persons. His method differs, too. All that is necessary in

the first place is to have the patient's confidence, for no one can be hypnotized against his will. This obtained, by hypnotizing others in his presence, if necessary, the subject is asked to look the operator in the eyes and think only of going to sleep. He may be lying down, but an easy position sitting with the back to the light is as good as any. And now suggestions are used. He is told while thus gazing intently, that he looks sleepy, that his eyes are red, and his eyelids heavy. Later, that he is nearly asleep, that his eyelids are shut, and that he cannot open them. Finally, that he is asleep, and cannot wake up, etc. Of course no rigid formula can be adhered to. The operator simply suits his words to the actions and apparent feelings of the patient. Sometimes a finger or two of one hand are held before the eyes and gradually moved down; the patient's eyes follow as the fingers are lowered until the eyelids close, and a few judicious suggestions that he is asleep, etc., complete the hypnosis. Passes, modulations of the voice, and all such manoeuvres, are useless except as they emphasize the suggestions; and all that is really essential is to make the subject believe that he is going to sleep.

It is no sign of weak will to be readily hypnotized. Hysterical patients who possess scarcely any will-power are often hardest to put to sleep; they have not strength of character or will to make themselves perfectly passive, even when they desire to be so. Women are no better subjects than men. The best subjects are usually imaginative persons, and those who sleep soundly at other times. All degrees of intensity are presented in different persons — a mere sense of drowsiness, a cataleptic state, a state in which sensibility to pain is lost, or a still deeper sleep after which there is entire forgetfulness of all that has occurred. During the deeper grades of sleep, or the somnambulistic, as it is called, the patient may be made the subject of all sorts of hallucinations; in fact almost anything that may be suggested to him. He may be made to see, hear, smell, taste, or do, anything imaginable, or to attempt to do things impossible. In the latter instance the subject generally looks ashamed or embarrassed, as though sensible that he is doing something ridiculous, but without will to resist. And this is no doubt

true. In the lesser grades he hears all that is said or done about him, though his eyes are closed, and *remembers it afterwards*. He may even feel that he only obeyed the suggestions to be obliging, and that he could have resisted had he chosen; yet, when he is again put to sleep, does all that he is commanded to do, although he had previously declared his intention of not doing it.

A peculiar feature of hypnotism, and one which is of great importance from a medico-legal standpoint, is the "post-hypnotic" phenomena, which are found to exist after the *somnambulistic* state. For instance, such a subject is told while in the sleep, that on awaking he *must* do a certain act, that he cannot resist his desire to do it, etc. On awaking he has forgotten that it has been told him, and believing that it is a spontaneous desire, proceeds at once to execute it, sometimes literally, and at other times in a modified manner. It is easy to see that in the hands of a designing person, such a subject may be made to commit any crime suggested to him, or to write checks, promissory notes, accusations, confessions, etc., and thus grievously wrong himself or others. Experiments demonstrating the truth of this have repeatedly been performed. For example, a paper-knife has been placed in the hands of an hypnotized person, who is told that it is a dagger with which he is commanded to kill some one in the room. As soon as the patient awakens, he watches his opportunity and strikes his victim with such violence as would certainly prove fatal were the weapon a real one. Subjects have been made to steal handkerchiefs, photographs, and other articles, and to try to poison a person by putting the poison in a glass of water, in these cases resorting to various tricks and deceptions in order to accomplish what they had been ordered to do on awaking.

These facts seem all the more terrible when it is remembered, that as soon as the act is performed, the crime, the impulse and the instigator may all be forgotten. The gravity of these criminal suggestions is increased by the fact, that according as the prompter desires, the act may not be done until hours or even days after the command is given. The subject may be fully conscious of his identity and surroundings, but is urged on by an irresistible impulse to commit

an act which he would in his natural state abhor. It is only necessary to mention the striking resemblance of this to the fatal impulse of homicidal maniacs. In them the impulse is *spontaneous*, but none the less irresistible.

The interesting legal questions arising from the knowledge of these facts, it is not our purpose to discuss. The point of greatest interest and importance to the medical profession is, the possible therapeutic use of hypnotism.

The fact that an idea may be either a pathogenic or a therapeutic agent has long been recognized, and to a greater or less extent this knowledge has been utilized in medicine. In other words, a person may become possessed of the belief that he is the subject of disease, and in time, a disease of the imagination actually may be developed by the fancy; and again, through the mind, the patient may become convinced that he has no organic disease, or that his physician has the power to remove it, and thus he may be freed from the hallucination and cured of the disease. Every competent physician knows the happy effect of hope, and the evil effect of despair, upon the sick, and if he has tact and wisdom will excite the former in his patient by every means in his power.

It is through the confidence infused into patients' minds by the extravagant and often absurd claims of arrogant quacks, that functional nervous diseases, frequently mere diseases of the imagination, are cured. A cure of this sort appears so wonderful, that one alone will entirely overshadow a hundred failures—patients generally attributing the want of success to some fault of their own.

The so-called Christian-Science cures seem very closely related to the therapeutic effects of hypnotism. The energetic *suggestions* used by these "faith-healers" really induce the patient to believe that he is not sick, and "in diseases of the imagination" this is all that is necessary to perform a cure—the idea that he is sick, the *pathogenic* agent is replaced by another, that he is *not* sick, or the *therapeutic* agent. When such a person is said to be cured by "saving faith," it is literally true, and the medical man who refuses to utilize such a means of cure—to work miracles—deprives himself of a strong weapon against disease, and of a power

which might often be exerted for his patient's good. He need not ascribe the cure to Deity, nor claim supernatural power for himself. All that may be left to the impostors, with their laying on of hands, charms, incantations, exorcisms, "absent treatments," etc.

Moral treatment is in fact constantly employed by the medical profession, and even deception practiced upon the patient himself, for his good, has always been considered justifiable. "Suggestion" is used when bread is given in pilular form; when pure water is injected hypodermically; when blank pills or sac. lac. is given instead of medicine—the patient is led to believe that he is taking a most effective remedy, and his belief is strengthened by judicious information on the part of the doctor as to what is likely to result from the potion. The relief, or even cures, experienced from "suggestions" of this sort is a matter of history and needs no illustration.

It is impossible to determine as yet how much more certain and efficient, if any, hypnotic suggestions may be in the treatment of disorders arising from psychical action, mental or moral shock, or even peripheral irritation—in short, in any disease which presents no definite pathological change, being purely dynamic in origin. It has been demonstrated to be effectual in a great variety of functional nervous disorders, where ordinary measures were of little if any avail.

In the January, 1888, number of the *COUNSELOR*, may be found a translation by Dr. S. Lillenthal, entitled "Some Therapeutic Experiments with Hypnotismus," in which many interesting cases of relief or cure are recorded. It is also stated that "bad results were never witnessed from hypnotism," and this we believe is the general verdict, so long as it is confined to scientific and honorable operators.

Among the conditions which have been cured or improved at the Nancy School, under Bernheim and Forel, as Liébault's assistants, were headache, neuralgia, migraine, insomnia, sleep-walking, chorea, writer's cramp, functional disturbances of the bladder (enuresis, etc.), paralysis, constipation, diarrhœa, hysteria, etc. Truly wonderful cures were made of bad habits of all sorts. The happiest results were obtained in chronic alcoholism, but the morphine, chloral,

cocaine and similar habits, were generally overcome by it also. By strong suggestions against the use of these drugs, the habit was broken and all desire for them apparently removed.

The experiments with the insane were not at all satisfactory, though in a few instances delusions were made to disappear while the hypnotic influence lasted. It was found to be difficult, indeed, to hypnotize the majority of insane, and their hallucinations soon returned. There would seem, however, to be an interesting field here for further study and investigation.

The frequency and duration of the hypnotic sittings, as well as the time required to effect a cure, vary greatly, and depend largely upon the character of the trouble. Such conditions as neuralgia, headache, etc., are often cured at a single sitting, while the chronic alcoholic may require to be hypnotized daily, a half an hour each time, for weeks.

The greater the poison the greater the cure, is a cardinal principle in medicine; hence when we find anything possessing a power for good, a capacity for evil must also be anticipated. One capacity for hypnotism for evil has already been mentioned in its possibility for crime, but there can be no doubt that great abuses may arise from the vulgar and unscientific hypnotic exhibitions which are so often seen, and which are nothing more than a catering to the curiosity of an inquisitive public. A person who thus exhibits himself or *herself* to the gaze of an indiscriminate and not over scrupulous public audience, cannot but be harmed, and those who gaze upon such a questionable display can scarcely be the better for it. In Belgium a law exists prohibiting such abuses, and a similar one will doubtless become necessary in other civilized countries.

A few years since, while enjoying a trip on one of our lake steamers, the writer witnessed an exhibition of this sort, one evening in the cabin, which proved very unpleasant for all concerned. A young lady hypnotizer was displaying her power for the amusement of a party of friends, and among others operated on was a young man, who, from some congenital or acquired peculiarity, was so profoundly affected that all the lady's arts were powerless to restore him to con-

sciousness. In their plight we were appealed to for aid, but it was hours before he was awakened, and a severe illness of several days' duration followed.

Such instances are not at all rare, and admonish us that only careful and experienced physicians or scientists are competent, or should be permitted, to practice it.

The present tendency, among civilized peoples at least, is one of conservative receptivity or expectancy; a *willingness* to study and investigate any theory or alleged discovery. We can hardly understand in this day how our ancestors could have regarded the first printing press as a diabolical invention, but such was the fact. Now the public is in such a frame of mind that nothing surprises it — we are simply expecting or anticipating any and every new thing that may appear. It is perhaps not too much to predict, that hypnotism, in the hands of scientific students and observers, deprived of all jugglery or legerdemain, may prove one of the most powerful reinforcements medicine has yet received.

OUR NEW YEAR'S GREETING.

It is not too late to wish all our friends a "Happy New Year," and with this expression of good-will, we desire to point out one means, at least, of consummating our wish. If each one of our readers will simply observe closely all the cases that come under their treatment during the coming year, and report everything of special interest that they notice, each will be the better and hence the *happier* for it. Only those things which contribute to make us better, can be said to render us really and permanently happy. By doing so, each will not only improve himself, but what is equally good, will contribute to others' improvement and happiness.

It matters not how short the report is, so long as it is complete. The fewer words the better, if the story is *all* told. Any case in practice, in surgery, in obstetrics, any verification of a remedy, or any *new* fact connected therewith, will doubtless help some one. Asking a question often helps an editor more than an article, by drawing from other readers what they might have thought not worth while reporting. Hence if you are in *doubt*, if you want to get *statistics* to cor-

roborate your own observation, enquire through the COUNSELOR. If you know of a good *location*, send us word — some one will want to go there. If a friend has died, removed from, or begun practice in, any place; if a society, hospital, or dispensary has been established; if a society meeting has been held, if anything has occurred in connection with other schools of medicine that would concern us; in fact, if you know of anything of interest to the profession, let us know.

While thus inviting your coöperation for next year, we desire also to express our hearty appreciation of your help in the past. If we do not make personal acknowledgment of your contribution, do not ascribe it to indifference. If you could know the multifarious duties of an editor and the constant demands upon his time and strength, you would understand how utterly impossible it is to acknowledge individually all the courtesies of which he is made the recipient. Therefore we ask all to whom our thanks are due, to kindly accept this *general*, but not the less heartfelt, expression of gratitude for their aid and encouragement in our work.

The many letters of good-will and cheer that we have received in the past are highly prized, and serve to stimulate us to greater effort in the future. When the cares of college work, practice, and social and business relations crowd upon us, we are ready often to give up; but these kindly words from our co-laborers — for as such we must regard them — furnish more steam and keep the machinery going.

A retrospect of the past two years shows us much that is gratifying. The COUNSELOR has been placed upon a more solid financial, and literary footing than it ever enjoyed before, and such as with the continued sympathy and support of its friends will enable us to materially add to its attractions, scope and usefulness, in the near future. We have succeeded in enlisting many of the best writers in our school as contributors for '89, an article from any one of whom is worth the price of the journal to you, in fact would be worth many times that, were they to receive remuneration for their services. We want variety, however, hence we urge each reader of the journal to contribute his share to the general good, by sending *something*, be it ever so little.

We have thought best to continue the COUNSELOR at the

present price, believing it most desirable to the general practitioner. It gives it a *wider circulation* than one with a high subscription price can hope to have, enables us to reach more readers, and thus increases its usefulness, which is the sole object of its publication. To this end we hope soon to enlarge it without increasing its price, although it now furnishes nearly as much reading as many *three dollar* journals.

Let us hear from you often during the coming year, and we promise you a journal in which you will feel an increasing pride, for after all it must be largely what *you* make it.

INCONSISTENCY.

The public, and the profession as well, are very often as inconsistent in their fears as in other things. An illustration of this is seen in the present small-pox scare in our State. Because a few isolated cases occur in two or three places, the health authorities are thrown into a spasm of apprehension, get everybody excited and alarmed, do their best to interfere with travel and business, and the bugaboo is let loose, to the consternation and dismay of the "dear public."

During all this time, however, the grim monster is "getting in his work" under another guise, and gathering to himself scores of hapless victims in various places throughout the land. In the one little hamlet of Unionville, *seventeen* deaths occurred from diphtheria within a few weeks. An obscure newspaper reports it here and there, perhaps, without comment, as though it were a trivial and every-day occurrence, while the Board of Health, the sentinel on the walls, gives little heed to it. Its attention is wholly taken up with the war-whoop at the gate, while the foe quietly scales the wall at the rear. Scarlet fever, too, has been a favorite weapon of death.

During December the report shows the per cent. of prevalence of scarlet fever, diphtheria and small-pox, to be 12, 7 and 2, respectively. This does not show the exact per cent. undoubtedly, for we'll guarantee that no case of small-pox was omitted, while numerous cases of diphtheria occur and

are not reported at all. It is time for the public to understand the relative gravity of these contagious or infectious diseases, and to learn that it had better cease guarding the large opening for fear it may leak, and devote itself to *stopping up* the many smaller openings which are already *flood-ing* it with disease.

BOOK REVIEWS.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Consisting of Original Treatises and of complete reproductions in English, of books and monographs selected from the latest literature of foreign countries, with all illustrations, etc. Published monthly; price \$10.00 a year in advance, single copies \$1.00. New York: William Wood & Company, 56 and 58 Lafayette Place.

The name of these indefatigable publishers has become the watchword for valuable medical literature at small cost, and this last is not the least important of their many schemes for the good of the profession during the past ten years. The twelve volumes to be issued in '89 will comprise from *twenty-four* to *thirty-six* complete works, the regular selling price of which would be from 75c to \$3.50 each, making in all from 2,400 to 3,000 large octavo pages, and will include all the *plates and engravings* of the original work.

The January volume is before us, and is evidently all that the publishers claim for it. It contains the "Pedigree of Disease," by Jonathan Hutchinson, F. R. S., London; "Common Diseases of the Skin," by Robert M. Simon, M. D., London; and "Varieties and Treatment of Bronchitis," by Dr. Ferrand, Paris; comprising in all 260 closely and handsomely printed pages. Either of the monographs bound separately would, we venture to say, be considered cheap at the price asked for all, and as it is not practicable to reproduce or sell them in the form of small books in this country, they are practically unknown to the profession here.

We have not space to devote to a separate review of each work contained in this first volume of the series, hence suffice it to say that they are chiefly in the form of *clinical* lectures, very readable, highly instructive, and largely original with their distinguished authors. Very few libraries, we are sure, contain so admirable a treatise upon inherited constitution

or diathesis as the first of this volume, if, indeed, they contain one at all. That it is of exceptional worth, the author's world-wide reputation is sufficient guarantee.

A very liberal and attractive offer is made in connection with the *Monographs* of which many will doubtless avail themselves. It is, to supply the *Medical Record* and the *American Journal of Obstetrics*—each \$5.00 a year—with the *Medical and Surgical Monographs*, for only \$15.00 a year in advance.

OPHTHALMIC THERAPEUTICS. By Geo. S. Norton, M. D. With an Introduction by T. F. Allen, M. D. Second edition, rewritten and revised, with copious additions. New York and Philadelphia: Boericke & Tafel, 1882.

If the establishment of the New York Ophthalmic Hospital College had never done anything more for homœopathy than to furnish the incentive or necessity for the study and investigation which led to the publication of the volume before us, it would forever deserve the gratitude of all lovers of homœopathy. At its inception scarcely anything was known of homœopathic therapeutics in diseases of the eye, but Drs. T. F. Allen and Geo. S. Norton, physicians in charge, saw the need, and soon succeeded in producing this magnificent array of indications for, and clinical verifications of, remedies for all ocular conditions in which drugs could aid or cure. They have also incorporated the observations and experience of prominent oculists in our school, whenever they have been verified, and credit is given to the contributor in all such cases.

The arrangement of the book is simple and yet probably as practical as could be devised. In Part I, the remedies are considered separately. First the *objective* symptoms are given, then the *subjective*, then those of *vision*, and lastly, clinical cases are cited in which the drug proved helpful or curative.

In Part II, the therapeutics of each disease, both surgical and medicinal, is given under its proper heading, and following this, a very convenient and valuable glossary of the difficult terms used throughout the book has been arranged by Dr. Malcolm Leal, which adds not a little to its utility. It is thoroughly indexed, handsomely printed in large, clear

type upon the best of paper, and reflects great credit upon both author and publisher. No homœopath, whether he be specialist or general practitioner, can afford to be without it.

A TREATISE ON HEADACHE AND NEURALGIA, INCLUDING SPINAL IRRITATION, and a Disquisition on Normal and Morbid Sleep. By J. Leonard Corning, M. A., M. D. Illustrated. Price, \$2.75. New York: E. B. Treat, 771 Broadway, 1888.

As a dissertation on the subjects mentioned above, this work is highly commendable. The classification and arrangement is most admirable, and the writer displays a great deal of originality in many of his methods of treatment. In the main, however, the latter seems largely what we of our school would term palliative, and is so familiar to all our readers that a reference to them here is scarcely necessary.

His method of *prolonging* cocaine anæsthesia, by arresting the circulation in the part, has been adopted everywhere, but probably no one has so developed it as he has himself. In neuralgia of the face, for instance, by applying a fine wire gauze and pressure to the surface after the injection of cocaine its effects are retained for hours or days. In spinal irritation he has resorted to injections of cocaine and other substances into the spinal canal itself with, as he claims, the most marked benefit. His procedures and appliances used in this and other neuralgic affections are very ingenious and will well repay perusal and investigation.

MEDICAL DIAGNOSIS. A Manual of Clinical Methods. By J. Graham Brown, M. D., Fellow of the Royal College of Physicians of Edinburgh, late Senior President of the Royal Medical Society of Edinburgh. Second edition, illustrated. Pages, 285; price, \$2.75. New York: E. B. Treat, 771 Broadway, 1888.

This is the eleventh volume of "Treat's Medical Classics," and is certainly one of the best of the series. The author enlists our sympathy and respectful attention at once when he says: "Some there may still be who think it enough to give a name to a collective group of symptoms, and treat the disease as they have been told an affection of that name should be treated. But every day is happily reducing the number of these routine practitioners," etc. He believes in proceeding on rational principles, and his book throughout is consistent with his belief. His idea is to analyze each

cuse, separating the essential from the accidental, ascertaining the weight and bearing of each individual symptom, in short, dealing with it as a condition and in its entirety. It is a complete work, discussing all diseases of the human system in a clear yet concise manner, which renders it of especial value to the clinician.

THE CASE OF THE EMPEROR FREDERICK III. Full official reports by the German physicians, and Sir Morell Mackenzie. New York: Edigar S. Werner, 48 University Place, 1888.

The "great fight," not between pathies but between the most eminent surgeons of two great nations, shows us that when anything, whether it be jealousy, ambition, or desire for revenge, furnishes the motive, the members of the self-styled "regular" profession, go for each other in the most *irregular*, hammer-and-tongs sort of style imaginable. The familiar epithets of two languages were not sufficient to express the hatred and malice which personal ambition and national prejudice engendered in the minds of these renowned gentlemen (?) toward each other. All who were interested in the royal patient's history will be convinced upon reading this book that the half had not been told.

A MANUAL OF DIETETICS, for Physicians, Mothers and Nurses. By W. B. Pritchard, M. D., New York City. Price, bound in cloth, 50 cents; in paper, 25 cents. New York: The Dietetic Publishing Co., 115 Fulton Street.

Within the past few years great attention has been given to the matter of diet in all disease conditions, and even the laity pretty well understand the importance of proper food, both in health and disease. Prevention of disease is the characteristic tendency of the profession to-day; hence a book upon the management and feeding of infants, and upon the selection of food for the sick, cannot well be out of order. This is an excellent book to put into the hands of patients.

HAHNEMANN THE FATHER OF SCIENTIFIC MEDICINE. By Mahendra Lal Sircar, M. D., C. I. E., Calcutta, India.

Away in the Orient they celebrated the 133d birthday of Hahnemann not long since, and the above was the subject of the masterly presidential address delivered on that auspicious

cious occasion. It is in harmony with the eternal fitness of things, that, as the East was the cradle of civilization, and gave to us the first glimmerings of science and art, we should return to them the very choicest of the ripe fruit that is being plucked from the now broad and expanded tree of knowledge, in the shape of nature's great therapeutic law, *similia similibus curantur*.

THE PRESIDENT'S ANNUAL ADDRESS.—By Robert Battey, M. D., Rome, Ga. Reprinted from the Transactions of the American Gynæcological Society.

DISEASES OF THE NOSE AND PHARYNX AND THEIR TREATMENT.—By W. Cheatham, M. D., Louisville, Ky. Reprint from the *Virginia Medical Monthly*, December, 1888.

THE PREFERABLE CLIMATE FOR PHTHISIS.—By Chas. Denison, A. M., M. D., Denver, Col. A valuable paper reprinted from the Transactions of the Ninth International Medical Congress.

REPORT ON HYDROPHOBIA.—By Charles W. Dulles, M. D. A reprint of a paper read before the Pennsylvania State Medical Society, June, 1888. Wm. J. Dornan, publisher, Philadelphia.

A REJOINDER TO DR. HUGHES.—By Prosper Bender, M. D., Boston. This is part of an extremely interesting and courteous correspondence between Drs. Hughes and Bender, relative to the term "totality of the symptoms" which will well repay one to read.

THE "Don't Forget It" calendar, daily record and blotter, published by E. B. Treat, 771 Broadway, N. Y., is the most useful to a business or professional man of anything we have seen. The *medical profession* can secure a copy by forwarding *six cents in stamps to cover cost of mailing*.

MINERAL AND THERMAL SPRINGS OF CALIFORNIA.—By W. F. McNutt, M. D., San Francisco, Cal. Reprint from the Transactions of the Ninth International Congress, Vol. V.

The writer claims that these springs are equal, at least, to any in the world, and that the climate of the "sunny state" makes them more efficient.

THE *Magazine of American History* begins its twenty-first volume with the January number, and has many brilliant features in progress for the coming year. It is really an inexhaustible mine of historic information and holds the key to a mass of comparatively buried material which it only can bring to light. Price, \$5.00 a year.

THE *Detroit Journal Year Book* (165 pages, fine print) is a mine of information, and all for 25 cents. *Every regular subscriber* to the paper receives one *free*. The *Journal* will put on a new "dress" of type on January 1st. It is the youngest, cleanest, fairest, squarest and liveliest daily published in the City of the Straits, and deserves its unprecedented success.

WE are indebted to Drs. Charles and F. B. Dake, resident physicians at Hot Springs, Ark., for a copy of "Cutter's Guide" to the Springs for 1889. It is a profusely illustrated volume of over one hundred pages, and contains, we should say, a most graphic history and description of this Eldorado of the Southwest. For a copy send 25 cents to the publisher, Charles Cutter, Hot Springs, Ark.

THE MISREPRESENTATIONS OF HOMŒOPATHY.—By Thos. Nichol, M. D., LL. D., D. C. L., Montreal, Can. We have before called attention to the good work Dr. Nichol is doing in disseminating Homœopathy and overcoming the prejudices against it among our neighbors. This is number *five* of the series of tracts which he is publishing, and is a complete refutation of the various charges against Homœopathy. Send 10 cents to W. Drysdale & Co., 232 St. James St., Montreal, and secure it yourself; it will do you good.

THE EYE AS A FACTOR IN FUNCTIONAL NERVOUS DISEASES.—By F. Park Lewis, M. D., Buffalo, N. Y. Reprint from the *Transactions of the A. I. H.* The Doctor's wide reputation

as a medical writer and eye specialist gives emphasis to his conclusion that "no case of functional nervous disease, no matter how profound its nature, can be pronounced incurable until it has been conclusively proven that the eye muscles are properly adjusted, and that, in short, the eyes are optically and originally perfect."

CORRESPONDENCE.

AMERICAN INSTITUTE OF HOMŒOPATHY — FORTY-SECOND ANNUAL SESSION.

To the Editor of *THE MEDICAL COUNSELOR*:

The forty-second annual session of the American Institute of Homœopathy will be held at Hotel Lafayette, Lake Minnetonka, a few miles from the "Twin Cities" St. Paul and Minneapolis, Minnesota, beginning Monday evening, June 24th, and continuing until Friday night, June 28. Details of the arrangements will, from time to time, be furnished to the homœopathic journals for publication. The proper committees are actively engaged in securing such arrangements as will assure the success of the convention and the enjoyment and advantage of those who attend it. The Local Committee of Arrangements and other resident physicians of Minnesota are planning to secure the attendance of as large a number of lady friends of the Institute members as possible.

The object of this notice is to direct the attention of the Institute and especially of bureau members and committeemen to the fact that one-half of the year allowed for preparation has already expired. While some of the bureaus and committees have fully matured their plans, and many of their members have their work well under way, the preparatory labors of others have not yet begun. Thus far the secretary has received reports of progress from bureaus and committees in effect as follows:

The Bureau of *Materia Medica* reports that some of its members have held conference meetings and are engaged in preparing materials for illustrating the pathogenesis of Iodine and its Salts. Others have promised important literary contributions to the same subject.

The Bureau of Gynæcology is preparing four papers on Urethritis and Cystitis (in the female), and has selected a member to open the discussion on each paper. The Chairman requests a general discussion based on professional experience, and says, "Every thing justifies the hope of a full and good report."

The Bureau of Psychological Medicine will report on "Agents

for the Creation and Development of Will-power," and expects to present at least nine papers on various sub-divisions of this topic. Some of these papers are now in preparation.

The Bureau of Obstetrics is engaged upon the general subject of "Puerperal Complications." Several members of the bureau are already at work on their assigned sub-divisions.

The Directors of Proving have adopted as their work for the year Critical Analysis of the Proving presented at the last session; and for this purpose a set of rules has been elaborated under which the members of the committee will determine the value of such provings, each member applying the rules according to his own convenience.

Certain other bureaus are also engaged in the preparation of their essays. Though formal reports of progress have not yet been received, and the same is true of some of the more important committees, still other bureaus it is known have not yet completed the preliminary portion of their annual labors. As information is received from them it will be sent to the journals for publication.

The secretary may be pardoned for suggesting that papers be completed early and copies made and submitted for examination to those likely to participate in the discussion thereon, thus adding to the interest and profit of the Sectional Meetings. These copies could then be sent to such journals as their authors might select, thus securing their wider publicity, yet without interfering with the prompt publication of the Transactions.

Respectfully,

PEMBERTON DUDLEY,

General Secretary.

PHILADELPHIA, PA., S. W. Cor. 15th and Master Sts.

OUR LONDON LETTER.

To the Editor of THE MEDICAL COUNSELOR:

In the *Bibliothique Homœopathique* of October last will be found an interesting report of the annual meeting of the Hahnemann Hospital in Paris. Some time ago the authorities of the hospital applied to the *Ministère del Interieur* for its recognition as an institution of public ability. They were successful in obtaining due legal recognition, and this fact was first formally announced to the friends of the charity at the last meeting. It is to be hoped that this will add to the usefulness of the hospital as well as afford it a legal status. The hospital is in a flourishing condition in almost every respect, although it has unfortunately recently sustained the loss of the first lady patron and of one of the physicians, Dr. Masson d'Ardres. The lady supporters of the institution are represented as being specially zealous in their

efforts to aid its finances, frequently getting up concerts, sales (bazaars) and collections. During the year 1887 over one hundred patients received treatment in the hospital, and nearly 15,000 consultations were given to the out-patient department.

A somewhat novel form of entertainment—novel, that is to say, in its adaptation to charitable purposes—has recently been adopted both in Melbourne, Australia, and in London. I refer to dancing. The authorities of the London Homœopathic Hospital have initiated a series of private dances, entitled the "Victoria dances." The result both in Melbourne and London appears to be satisfactory.

At this time of year certain epidemic diseases are especially prevalent, and this is especially the case with measles. In London this malady and varicella are both frequently brought under the notice of the general practitioner—and other large towns experience a similar condition of things. In some parts schools have been closed because of the presence of measles therein.

An annotation in the *Lancet*, of the 8th, points out that of late years the mortality of measles has considerably increased, while that of scarlatina, and of enteric and typhus fevers have diminished.

In the ten years, 1871 to 1880, the annual average was 379 per million; in 1887 the number had advanced to 594, having steadily increased in the interval.

It is much to be regretted also that diphtheria is also on the increase, and it does not speak well for the improved sanitary condition so frequently boasted of.

A short time ago there appeared in the *British Medical Journal* (Nov. 3rd), a report of a case of poisoning by sulphur. This is of interest from its rarity. Symptoms of acute enteritis were evoked, with much vomiting and prostration. The dose taken was an ounce of sublimed sulphur on two successive nights. Was it the sulphur itself by the irritation of its particles (? are particles of sublimed sulphur irritating, either mechanically or specifically?) which set up the enteritis? or was it the sulphuretted hydrogen so largely formed. A similar condition to that referred to is set up by sulphide of calcium—in proof of which see the poisoning under heading Hepar in the *Cyclopædia of Drug Pathogenesis*, Vol. II. This will, perhaps, suggest an answer to my question. If your readers have any experience on this point it would be interesting and profitable if they would communicate it to you for insertion in your journal.

Will you be so good as to inform me either by mail or in a note in your next number if there is any homœopathic journal in America (or in Canada) devoted to Gynæcology? or if there is any homœopathic Gynæcological society regularly publishing Transactions.

Yours,

E. A. NEATBY, M. D.

[We know of no homœopathic journal devoted *exclusively* to gynecology; but *The Homœopathic Journal of Obstetrics, Gynecology and Pædology* edited by Phil. Porter, M. D., and published by A. L. Chatterton & Co., 78 Maiden Lane, New York City, will probably supply all that one needs in that direction. We do not know of such a society. We will be very glad if any of our readers having had experience with hepar, will act upon our correspondent's suggestion and let us have it for publication.—EDITOR.]

VARIOUS TOPICS.

A CHRISTIAN science teacher defines cancer as "an accumulation of discordant thought."

SYPHILIS AND MARRIAGE.—The question of marriage and syphilis has been exhaustively discussed by Prof. Fournier in his admirable monograph, and Morrow in a recent article comes to practically the same conclusions. Special considerations, such as the severity of the attack, may cause exceptions to any general rules, but the following may be taken as orthodox teaching on the subject:

(1) If the case has not been a severe one, and has been treated with mercury for a considerable time, it is safe for the patient to marry from three to four years after his primary disease, provided that from eighteen months to two years have elapsed since any symptoms showed themselves.

(2) If the above rules as to time have been obeyed, but no efficient course of treatment has been followed, marriage should not be advised, but may, nevertheless, be taken without grave risk.—*International Med. Annual.* (Advance sheet.)

WOMAN'S PLAINT.—A friend has handed us the following verses, which were sent him by a lady patient, and dedicated to himself. What the doctor had done to call it forth he does not state, but thinks it should find a place in the COUNSELOR. Trusting that other friends and readers of the journal will be equally thoughtful in aiding us with copy, we give it place:

The garrulity of womankind
To doctors is a terror—
A safety-valve to them, you'll find,
Though judgment be in error.

The words and actions that you deem
Most silly and erratic,
Should you but know the cause, I ween
Might prove less problematic.

A physique by nature frail,
 By pain and sorrow riven,
 What wonder if their courage fail
 If succor be not given.

Of times a melancholy drear
 Upon their spirits press,
 Causing an undefined fear
 Which they to you confess.

Again forebodings, dark and deep,
 No logic can dispel
 Their nightly vigils 'round them keep
 And direful things foretell.

So should you find it in your heart
 To censure them severely,
 Withhold I pray, the venom'd dart,
 And counsel them sincerely.

What though the "learned fraternity,"
 The *hypo* may construe it,
 Small matter what the title be
 If only they subdue it.

Full well I know my dear M. D.,
 You oft are quite distracted,
 But with their plaint a Doctor's fee
 Most surely is contracted.

"So here's to fidgety women,
 "Quoth the Doctor wise and true,
 "My Craft they'll keep a swimming
 "Though they're a doleful crew!"

"TALENT."

MEMORANDA.

The Pontiac asylum contains 782 inmates at present.

The state board of health reports diphtheria at 23 places; scarlet fever at 33 places; typhoid fever at 14 places; measles and small-pox at five places.

One hundred thousand copies of Sir Morell Mackenzie's book are said to have been sold in two weeks. The Empress Frederick wrote the author a letter, approving his work and confirming some of it from her own observation.

Des Moines, Iowa, has a crematory for city refuse, in which was burned recently at one time, and in one hour, two dead horses, seven dogs, fifteen bushels of rotten eggs, three barrels of rotten fish, eighteen barrels of garbage, and three hods of manure, without emitting any smell. It only cost \$1,700, and would seem to be a good investment.

The *Chicago Times* has stirred up a hornet's nest by its "abortion expose," and will have to answer in the courts for libel. It is to be hoped for the good of the profession we love, and whose reputation we are zealous to maintain, that at least *most* of the reputed stories concerning the medical men of "the wicked city" are false. If not, "how are the mighty fallen."

F. E. Boericke (Hahnemann publishing house) announces that Dr. T. F. Allen's "Handbook of Materia Medica" is in the hands of the printer and will be ready for delivery in the spring. It is really the Encyclopædia revised and condensed, and is the only *complete* Materia Medica, in one volume, in our school. It is estimated to comprise 1400 *quarto* pages, equal to 3000 of the ordinary octavo volume. The publisher finds it impossible, as yet, to fix the retail price, but will guarantee to all who subscribe before the book is issued, that it shall not cost them more than \$15.00 net. The author's announcement, with specimen pages, will be furnished upon application to the publisher, F. E. Boericke, 921 Arch Street, Philadelphia.

A HOMŒOPATHIC HOSPITAL.—A well attended meeting of the trustees of the Rochester Homœopathic Hospital was held at the Monroe County Savings Bank yesterday afternoon; S. J. Macy, the president, occupying the chair. Mr. Macy reported that several sites for the proposed hospital had been offered, and a general discussion of the merits of the different locations followed. No definite action regarding location will be taken until the annual meeting of the board.

The lady managers were authorized to prepare by-laws for the government of the institution. It was decided that the lady managers should hereafter be denominated supervisors, and that they should have charge of the interior arrangements of the hospital.

The present trustees are: S. J. Macy, president; George H. Newell, vice-president; David Hoyt, secretary; Henry C. Brewster, treasurer; James S. Watson, J. W. Gillis, David Copeland, W. H. Hubbard, E. S. Haywood, George Moore, E. F. Woodbury, F. DeWitt Clarke, E. S. Chase.

In conversation with one of the trustees last night a *Democrat* and *Chronicle* reporter learned some interesting facts concerning the new hospital. The project is now so far advanced that success

seems to be beyond peradventure. No concerted effort has as yet been made to obtain subscriptions, but already nearly twelve thousand dollars has been subscribed in small sums. There is much enthusiasm among those interested, and there is no doubt that all the money necessary will be forthcoming as soon as it is needed.

The site for the hospital will probably be selected at the annual meeting of the board of trustees. They will have control of the hospital property. It has been definitely determined to begin work on the hospital buildings as soon as the weather will permit in the coming spring. All of the sites that have been proposed possess advantages. They are situated in desirable portions of the city, where the necessary light, air and room can be obtained. As has been said, however, the trustees have postponed the selection of the site for the present.

It was also ascertained that the hospital will be constructed upon what is known as the "Cottage Plan."

Sufficient land will be purchased to afford space for erecting a main building, in case there is not already a suitable building on the property purchased. Modern and convenient cottages will then be erected on the grounds. These cottages will be for the separate care and treatment of patients suffering from different classes of diseases. In constructing and arranging both the main building and the cottages, all improvements suggested by the advance of science and the best sanitary methods will be utilized. Before deciding upon the location, the trustees will carefully examine into the question of proper sewerage and other details upon which the success of such an institution depends.

It is needless to say that the new hospital will, as its name implies, be for the accommodation of patients who desire the homœopathic treatment. The necessity of such an institution has long been recognized, and the personnel of the board of trustees and the board of supervisors sufficiently guarantees success.

The annual meeting of the board of trustees will be held at room No. 13, in the Monroe County Savings Bank Building, on the afternoon of Wednesday, January 16. All persons who shall have subscribed \$100 or more to the hospital fund will be entitled to vote for officers.

On Tuesday afternoon, January 15th, a meeting of the ladies composing the board of supervisors will be held at the residence of Mrs. Hiram Sibley. At that time it is expected that the by-laws for the government of the hospital will be completed, ready to be submitted to the board of trustees.—*Rochester Democrat and Chronicle.*

[We learn since the above was written, that an additional \$15,000 has been secured, making \$27,000 in all. The supporters of the enterprise are firm believers in the principles of Homœopathy,

and represent the rank and file of the school. They have the wealth and social standing also, which will render failure impossible. God speed them in their good work!—ED.]

ANNOUNCEMENT.—E. B. Treat, Publisher, 771 Broadway, New York, will publish, early in 1889, the Seventh Annual Issue of the English "Medical Annual," a *resume*, in dictionary form, of New Remedies and New Treatment that have come to the knowledge of the Medical Profession throughout the world during 1888. The editorial staff of the forthcoming volume will include articles or departments edited by Sir Morrell Mackenzie, M. D., (Laryngology), London, Jonathan Hutchinson, Jr., M. D., (Genito-Urinary Diseases), London, J. W. Taylor, M. D., (Gynæcology), Birmingham, William Lang, M. D., (Ophthalmologist), of London, James R. Leaming, M. D., (Heart and Lung), New York, Charles L. Dana, M. D., (Neurologist), New York, H. D. Chapin, M. D., (Pediatrics), of New York, and others, comprising a list of twenty-three collaborators, widely known in Europe and America. In its enlarged and widened sphere it will take the name of "The International Medical Annual," and will be published in one octavo volume of about 600 pages, at \$2.75, under copyright protection, and issued simultaneously in London and New York.

PERSONALS.

Dr. M. M. Avery, of Niles, Mich., has also turned his face toward the setting sun, and will try to restore his depreciated health by a permanent residence in Los Angeles, Cal. The Doctor has been very successful in practice, and we trust he will be not less so in his new home.

Dr. Baldwin, of Coldwater, was called to Fremont, Indiana, to perform a surgical operation, which he did, successfully. Since his return, Dr. Baldwin has received official notice that foreign physicians and surgeons must pay a \$50 license fee for practicing in Indiana.—*Detroit Evening Journal*.

Our aged friend, Dr. S. Lillenthal, kindly sent us as a Christmas token a very excellent translation, which was crowded out of this issue at the last moment. We trust he may witness many returns of the joyous season just past. The balmy air of the Pacific seems to have renewed his youth, though for that matter it never appears to have failed him, and he is as indefatigable a worker as ever.

Dr. E. Van Norman, formerly of Springfield, O., is now located permanently at 943 Sixth St., San Diego, Cal. He will be missed from his former home, where he had, during 18 years, built up a lucrative practice, though his patients are fortunate in having as his successor our old friend, R. B. House. Dr. Van Norman com-

bined the qualities necessary to make a competent and successful physician, and his services were frequently sought for as consultant. For years he has made the climate of Southern California a study, and those patients or physicians desiring an efficient and trusty counselor may rely upon his advice. Our cordial good wishes go with the Doctor to his new home.

IN MEMORIAM.—On Sunday, the eleventh day of November, 1888, death suddenly removed from this earthly existence, Dr. William R. Childs, one of the most faithful and highly esteemed members of this Board, and for many years its secretary.

It, therefore is fitting that the Medical Board of the Homœopathic Hospital of Pittsburg, Pa., give expression to the profound grief felt at this sudden taking off of one of our most valuable members—one of the most regular and punctual in his attendance at the meetings of the Board—nothing but sickness ever kept him from his place at the secretary's desk—one of the most faithful and kind in his attendance on the sick and injured under his care in the Hospital, and one of the most genial and friendly in all his intercourse with his fellow-members on this Board; and that we place on record a lasting testimonial of our regard for, and love of, Dr. William R. Childs. Therefore,

Resolved, That by his death the Medical Board of the Homœopathic Hospital of Pittsburgh has sustained a loss that words fail to express;—that the surgical staff has lost one of its most skillful, careful and successful operators,—always punctual, exact and methodical in every detail, gentle but firm, kind but impartial—true to the trust reposed in him; that the Medical Profession has lost a scholarly, dignified and conscientious physician, and a brave, skillful, and successful surgeon; that his orphaned children have lost a kind, loving and indulgent father; and that the community has lost a whole-souled, unselfish, genial man.

Resolved, That we tender to the bereaved family of Dr. Childs in this hour of affliction our sympathy and our condolence.

Resolved, That this testimonial be entered upon the records of the Medical Board of the Homœopathic Hospital of Pittsburg, and a copy thereof, suitably engrossed, be placed in the hands of the family of our late fellow member, and also copies be sent to the medical journals of our school.

Resolved, That as a final tribute and token of love and respect, the Medical Board attend the funeral in a body.

“He was a man, take him for all in all,
We shall not look upon his like again.”

W. J. MARTIN, M. D.,
M. J. CHAPMAN, M. D.,
W. F. EDMONDSON, M. D.,
Committee.

THE
MEDICAL COUNSELOR.

—A—
JOURNAL OF HOMŒOPATHY.

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ARTICLES IN MEDICINE.

CLINICAL FACTS.*

BY D. A. MCLACHLAN, M. D., ANN ARBOR, MICHIGAN.

Perhaps the first thing that occurs to our minds in connection with the title of this paper is, What are clinical facts? A clinical fact may be defined as any observation made in connection with disease, that has been, or is capable of being, verified. Not mere coincidences that bear no direct relation to the condition present, and that may never occur in the same condition again; such observations, unreliable as they are, have given rise to the vast amount of superstition which pervades the lay mind even to-day, and which in the past has delayed and obstructed the advance of medical science itself, so that as compared with other sciences it certainly cannot be said to be in the van. We fear, too, that it may be said with altogether too much truth, that this same acceptance of mere synchronisms as facts is even now the bane of our own branch of the medical profession, while, on the other hand, our old-school friends too often cast aside as rubbish much that may be demonstrated to be clinical truth. A fact is a fact, and does not require proof to make it such, but it is usually necessary to demonstrate it in order to induce others to accept it as such. Still it is not always wise to refrain from making known our observations simply be-

* Read before the American Institute of Homœopathy, June, 1888.

cause we are not yet able to prove them conclusively to others, for if this were done, many facts which are commonplace to us all, would be not only mysteries, but would not be utilized. Such would be the case with electricity, heat and other great forces which are being made to subserve man's interests and needs in innumerable directions, but of the real character of which, or their *modus operandi*, we know nothing. There is no doubt, however, that a great deal of discretion should be exercised in announcing clinical observations, for we are all well aware of the innate credulity of the human mind. This is advanced every day, as it has been in past ages, by the popular acceptance of the most absurd doctrines, such as the present "faith-cure" craze, and we regret to say that such undiscriminated adoption of groundless speculative theories are not confined wholly to the laity. It is apparent, then, that clinical observations had better not be made public, as a rule, without some good grounds for believing them to be *facts*, for not only does the popular mind eagerly embrace fallacies, but it is also exceedingly tenacious in its grip of them, and may take decades to rid itself of a most serious and fatal error.

Another question at once suggests itself, viz.: When we have made an observation, or formulated a theory, how shall we determine its truth or falsity? If what we have seen is a cause, then it will produce an effect; if it is an effect, then it has had a cause. Again, if our observation or theory be true, it should hold good in any number of repeated experiments in like cases; if it does not, and our methods of investigation are infallible, it must be false. Numberless facts which to us seem axiomatic, simply because they come to us from others, and we have never heard them questioned, are, nevertheless, the results of patient toil and experiment on the part of able and earnest men during the ages that have preceded us. When Hahnemann became convinced of the truth of the law of similars, he did not reject the evidence that had been accumulating during the centuries before, but he set himself patiently to the task of determining by the new light he had received, which was truth and which was error. Many things which had been accepted as truth, he was able to refute; but, astute observer of disease

phenomena as he was, his theories were necessarily tinged with the views, anatomical, physiological, chemical and pathological, peculiar to his time. The result is that some of his theories are, by the light of modern investigation, subjects of dispute. Just so with many theories now in vogue; twenty years hence they may be overthrown. Science is progressive, and as some one has very aptly said, "It is better to have our medical doctrines written on a blackboard with chalk, so as to be readily modified to suit the revelations of increasing light, than to have them engraven on tables of stone, never to be changed."

Besides these apparent axioms in medicine, a vast multitude of clinical observations are daily thrust upon our attention, and it is in these that we need to exercise the utmost discrimination. They are often brought forward by men claiming to be scientists, and backed by an extensive array of scientific experiments, so convincing as to "deceive the very elect," and yet when they are subjected to the crucial test of bedside experience, they fade away into airy nothingness. These facts admonish us to be extremely cautious in accepting the assertions of any one until we have verified them by actual experiment.

It is very important for us to study the happenings of every day; an inquiring mind is pretty sure to eventually discover the cause. When Newton saw the apple fall at his side, it was nothing unusual; millions had noticed the same thing before him. They, however, had not stopped to question the cause of its falling; he did, and his reasoning suggested the existence of a law. He argued, if some unseen force brings the apple to the earth, are not all bodies governed by this same force? It did not take him long to demonstrate the law of gravitation, but when asked to explain the *modus operandi* of the law, he did not even attempt it.

Hahnemann observed that the effects of Cinchona bark upon the healthy were similar to the effects of the disease which it cured. Others had noticed this before him, but the idea of a law of similars was at once suggested to him, and he began to investigate in this direction with the result that is so familiar to us all. The existence of the law he was able to demonstrate, but the *modus operandi* is as much a mystery

to-day as it was then. Probably the way in which drugs act curatively on the human system will never be explained. Fortunately, it is not absolutely necessary that we should know, in order to utilize the great fact, any more than it is necessary to understand the exact nature of the wonderful force which we term electricity, in order to make it useful in art. We know that in the process of assimilation, the food which we eat is changed into tissue, and that each portion of the anatomy takes to itself the material needed for building up and preserving its structure intact, but we know nothing further of the process. Some vital influence is at work, which we denominate catalysis, but our knowledge of it is purely hypothetical.

Men often arrive at a knowledge of existing facts, by very different processes of reasoning. We have seen that it was a clinical fact which first led Hahnemann to the discovery of the law "*similia similibus curantur*," and which, reasoning from cause to effect, enabled him to say that a certain drug would be curative where it had never been tried previously. On the other hand, reasoning from effect to cause, when it is known that a remedy will cure a certain condition, we are able to say, to that extent, what its action will be on the healthy. Hahnemann and his followers first find the condition induced by a drug on the healthy, and then apply it in a similar diseased condition; our old-school friends, on the other hand, first try remedies on the sick, and thus endeavor to define their place in therapeutics. Thus we find that conscientious observers in other schools of medicine are gradually arriving, by the slow process of clinical experiment, to the point which our great master reached at a single bound. No one, either lay or professional, can read the writings of advanced and independent thinkers in the allopathic or eclectic schools to-day, without being convinced that these writers have either appropriated and claimed as their own, the therapeutical knowledge of Hahnemann and his successors, or that they have, unaided and by careful investigation and experiment, reached conclusions identical with our own, only by a more circuitous, difficult and uncertain route.

It has been said that a man, having a preconceived theory and setting out to prove it, can always find plenty of evi-

dence to confirm his opinion. However, we have had and still have too many earnest and honest investigators in our own school, who "prove all things, holding fast only that which is good," to admit of any doubt as to the verity of homœopathy, even if we were not able to bring forward a great mass of outside testimony in support of it. As Paul said to the Athenians, "He whom ye ignorantly worship, Him preach I unto you," so may we say to the bulk of old-school practitioners to-day, that which ye ignorantly practice, we preach unto you.

Any one will admit after a moment's consideration, that pathology, diagnosis, and prognosis, are much more fully developed than the other departments of clinical medicine, etiology and therapeutics, though it must be confessed that wonderful advances have been made in this direction during the past few years. It is a well-known fact that etiology has been, and is now, engrossing the attention of our old-school brethren, while therapeutics has been, since Hahnemann's time, up to a recent period, almost the sole study in our own school. Each party entered into its respective study with a zeal which almost excluded a knowledge of the other, which explained the puerility of the allopaths in therapeutics, on the one hand, and of the homœopaths in etiology, pathology and diagnosis, on the other. The mutual recognition that in the study of etiology and therapeutics, we have the Alpha and the Omega of the physician's work, is tending even now to remove the distinct lines which have heretofore marked the advance of the great medical schools.

That the study of these two chief departments of clinical medicine should go hand-in-hand no one will, we think dispute, and it may be said to be a clinical fact, for it is a conclusion made absolutely certain by bed-side investigations. That medicine is truly a science is in no way better exemplified than in the fact that tautology, or practices which tend to throw intellectual dust into the eyes of others less informed, is being rapidly eliminated from the domain of medicine. Medicine has no need, and should have no desire, to shut off the light from the gaze of any one, and no true physician will assume the guise of a necromancer or conjurer, in the pursuit of his art. Such practices appeal

only to the superstition, ignorance, and credulity of humanity, and are now relegated to the medicine-man of barbarian tribes, or the pompous and unscrupulous quack of civilized nations.

Hygiene, or the study of how to preserve health and prevent disease, must necessarily comprise the etiology of disease, and is receiving the attention of all branches of the medical profession, irrespective of their individual therapeutic beliefs. To accomplish all that is possible, it therefore becomes necessary to educate the public who are the recipients of the physician's life-long study and efforts. When, however, in spite of all safeguards, disease has assailed humanity, the benign science of therapeutics interferes, like the welcome hand of a tried friend, to succor and save the victim. The art of hygiene will never become so perfect as to completely eradicate disease, for so long as the tastes and passions of men remain, just so long will there be indulgence of them; hence it follows that disease will ever exist in some form, and loudly call upon us for relief.

Logic, with its stern demand for exactness, is gradually classifying and compiling clinical facts, and the time is coming when medicine will establish her place among the exact physical sciences. To be a science it must be governed by a fixed natural law, and working from this, an exact system of therapeutics will be secured. We have no objection to working with our old-school friends, in the field of preventive medicine. The field is large and fruitful, and when our knowledge approaches perfection, much will be removed from the domain of pathogenic therapeutics that now belongs to it. When we understand the cause of a disease, we will be in a position to cure it by simply disposing of the cause, or by restoring the physiological function that has been perverted. This will hold good in the idiopathic affections, but when we have to deal with specific diseases, other methods must be considered.

The existence of germs, or disease-agents, which always produce the same type of disorder, is now very generally recognized and admitted. In this class of diseases, both preventive and curative medicine is required. Isolation and disinfectants may serve for the former, but the latter involves

the internal use of health-disturbing agencies. Whatever the specific causes of disease may be, whether they be the much-talked-of bacteria, or the so-called ptomaines, it is easy to imagine them invariably producing the same conditions; just as we find the various poisons which we use to counteract their dire effects, invariably setting up the same train of symptoms. The germ-theory is now so universally accepted that it is useless, perhaps, to refer to it except as an established clinical fact, for whether we accept the idea of a bacillus for each specific disorder, which may be seen and studied under the microscope, or some other more subtle virus which man can never discover, the fact remains that certain unhygienic or unsanitary conditions are necessary for the development and fatal activity of the poison.

Assuming this to be true, something that will remove these conditions, and thus destroy the poison and render it innocuous, is requisite for the prevention of disease. This something we find in the so-called germicides or disinfectants. Our allopathic confreres, in their well-nigh utter therapeutic imbecility, turned, as would be expected, to these agents for aid in combating disease, after the virus has entered the human body. The presumption that germicides were equally potent under any and all circumstances, within or without the body, led, within a comparatively recent period, to the attempt to cure that most insatiable of all specific disorders, tuberculosis, by the introduction of germicides into the lungs or other diseased part, either by injection directly into the affected tissues, or, by one of the natural openings, as in Bergeon's treatment. However, every attempt has so far been unsuccessful and will ever be so, for it is manifestly impossible to introduce into the animal economy a quantity sufficient to destroy these microscopic invaders without also destroying the subject of them. Hence this practice has been abandoned by its most earnest and ardent advocates, and we believe it to be a clinical fact that the utility of germicides ceases, so far as the patient is concerned, when the morbid material has found lodgment in the tissues. Their only usefulness is in limiting the contagion to the patient himself, and thus preventing the spread of the disease to others. It is no more important to know that we

possess such protective agents, than to know the *limit* of their usefulness.

It follows then, that disease cannot be cured by chemically-acting remedies. How, then, is it accomplished? Clinical observation has taught us that in the midst of the most virulent epidemic, while thousands are falling victims to the fell scourge, certain persons walk unharmed. We see something analogous to this in the action of certain vegetable poisons, and we do not have to refer to the tradition concerning the deadly Upas tree, to exemplify this fact. While preparing this essay, a young man is under treatment for an aggravated case of rhus poisoning. After a warm bath he merely passed by where the noxious plant grew on the roadside, not having come in contact with it at all. His friend walking with him suffered no inconvenience whatever. Here is an anomaly for which we cannot account; some handle the poison with impunity, while others suffer from mere proximity to it.

We are accustomed to account for this peculiar fact, by saying that it is because persons are, or are not, susceptible to the infection, but why they are not, we are unable to do more than conjecture. It is well known, however, that there are many factors at work in producing immunity from contagion, such as the air we breathe, the food we eat, the fluid we drink, the clothing we wear, the occupation we follow, the habits we practice, the constitution we inherit, and in fact almost everything that goes to make up our weal or woe. It is a familiar historical fact, that diseases which once scourged whole countries or continents, leaving only isolated specimens of humanity to mark the course of the destroyer, are now comparatively innocuous because of the well-advised and effective hygienic measures of our own time. Small-pox for instance, which formerly reckoned its victims by the millions, in our day scarcely excites more than passing notice. Why such a change? Simply this: in early days, the people were ripe for the harvest—so thoroughly predisposed to disease by their unhygienic habits and surroundings, that the slightest amount of infection was like a match to a powder magazine, and the result was a morbid explosion that shook humanity to its very foundation. Now

everything is so far changed that, in places where the best sanitary conditions prevail, disease either cannot find an entrance at all or its onslaught is confined to the few individuals, present in every locality, who have neglected those measures which have given others exemption. It is quite possible that one of the prophylactic measures mentioned may be sufficient to protect human beings from infection, just as a disinfected atmosphere would do; for instance, a salubrious air or climate will protect residents from malarial poisoning. It will not have the same effect, however, upon a visitor who is already permeated with malaria; in his case it will be inert, or will only precipitate an outbreak which he might have escaped had he remained in his malarious home. Here, again, it is seen that, although disease may be prevented by hygienic measures, it cannot be removed by them when once it has gained possession of its human habitation. In other words, hygienic or therapeutic means do not directly antidote morbid material in the body. How then do they act?

Simply by increasing the *vis medicatrix naturæ*, or the natural vital resistance to disease, and in the principle "similia similibus curantur," we have the method laid down and the means suggested by which this may be accomplished.

Time and again since Hahnemann first discovered this law, it has been verified by careful and scientific men, that drugs which produce a condition in the healthy similar to that produced by the disease which we wish to cure, will, by some process not known, stimulate the vital energies and enable the system to rid itself of the morbid agent, whatever it may be. From the light of modern research, the conclusion is inevitable, that susceptibility to disease is nothing more or less than a lessened resistance to the encroachments of the morbid agent; hence it follows that anything hygienic or medicinal which can increase the vital resistance is capable of preventing or removing disease. If the substances found to be destructive of specific poisons outside the human body were equally potent to remove the affection when given internally, it might be easily possible to find a specific remedy for every such disease. Affections of this

sort are self-limited, or run definite courses if left to themselves, which careful and repeated observations have clearly mapped out; but they have at the same time revealed the fact that in many cases the course is not typical, *i. e.*, that such cases often abort spontaneously, and that certain characteristic manifestations are often absent.

If this be true, and all clinicians agree that it is, what cause has any one for asserting that we cannot lend a willing and efficient hand in aiding nature to overcome the disease? Diagnosis has been so far perfected that it is scarcely possible for a known disease to run its course without being recognized.

If it is aborted by proper treatment, the diagnosis obviously cannot be made upon the characteristic symptoms or course. For this reason many deny the claims of cures made by remedies. Most of us, however, can recall numerous cases which we have diagnosed at the very onset, and which the after events have confirmed; on the other hand, we can recall equally numerous cases which presented just as plain or even more definite grounds for the diagnosis, but which terminated early and favorably following the administration of the indicated remedy. Were we not equally sure of our diagnosis in both instances? Then, if a man can designate a certain condition correctly a dozen times when after events confirm it, why can he not tell the same condition even once when it is not confirmed, simply because he has taken means to prevent its further development?

There is no sense in men tying their hands by any such conclusion as that specific diseases cannot be aborted or ameliorated by medicines. Let allopaths, whose empirical methods will not admit of them being sure of anything, boast of their therapeutic imbecility — nothing else can or should be expected of men who repudiate all law or truly scientific methods, and are content with the same "cut and dried" methods that were in vogue centuries ago. Homœopaths, however, who claim to have even *prevision* in therapeutics, should be ashamed to acknowledge any possible room for doubt except in their own fallibility, where our law is applicable. What a sublime spectacle we see in Hahne-

mann's pointing out, before he had even seen a case of cholera, just which remedies would be most successful in its treatment! This is not a solitary instance of the kind, as we all know, and with a firm confidence in the law of similars, what may we not be able to accomplish in the field of therapeutics?

The real difficulty and the cause of so much doubt and hesitation in our own ranks is the fact that we have tried to perform impossibilities by the use of remedies. We have tried to adapt our law to cases to which it could not possibly be applicable, and because it has not performed what could only be done by other means, we have said the law is defective. The sooner we give up trying to antidote chemical poisons, to destroy parasites, to restore already dead tissues, or to supply air, food, and drink with the indicated remedy, the sooner will our law be admitted, as well as claimed, to be universal. In other words, we have tried to do with remedies what we could only do with hygienic, chemical, and mechanical means.

The false assumption that our law is applicable to conditions which are manifestly outside the province of any drug to cure medicinally has led to gross errors, and has caused doubt and misapprehension of the only sound principle and working hypothesis in pathogenic therapeutics. Wood, Ringer, Bartholow, Brunton, and all the great therapeutists of the old school, either in plain words or in unmistakable terms throughout their writings, have admitted that the homœopathic principle is of "partial application." We thank them for that word; it steels our hearts to the taunts and persecutions that may come to us, and nerves our hands to greater effort in our work of investigating and defining the exact sphere and possibilities of our system of therapeutics. As in other sciences, so in medicine, much has been learned during the past century; with the nearly perfected studies of chemistry, physiology, and pathology, and the aid of the thermometer, microscope, stethoscope, ophthalmoscope, and the various other appliances which the collateral sciences have furnished us, we should be able to continue the campaign indefinitely, and carry the war into the very camp of the enemy. "Homœopathy expects every

man to do his duty." That duty does not consist in idle boasting that "similia" can perform impossibilities, but rather in defining just where it is, and where it is not applicable, and in demonstrating that *in this sphere* it is, as we claim, universal.

POTENCY.

BY M. W. VAN DENBURG, M. D., FORT EDWARD, N. Y.

Around this innocent looking word has raged a warfare from the beginning of homœopathy to the present, and still the question is as unsettled as ever, the combatants as aggressive, and the extremists as positive.

In the strife much bad blood has been roused, many vindictive words bandied, pages upon pages written, all of which might better never have been, for the honor both of the profession and of the man.

My assertion, however, was too broad. Some things concerning potency, have come to be pretty well determined by this time in the judgment of every candid thinker who has been at the same time a dispassionate observer and a rigid investigator.

These are some of the things concerning this two-sided shield, it is getting late in the day to repeat. In considering them the motto must be *fiat justitia, ruat cælum*,—let justice rule though the heavens may fall. He alone is worthy to be heard who strips himself, as far as he is conscious, of prejudices.

First. It is too late to assert that no cures are wrought with remedies above the 12x or the 30c, or even with the 200c or the *c. m.*

A careful perusal of current homœopathic literature must convince a candid mind that all the cures reported from the use of so-called high potencies are not the results of fortunate coincidences, nor of the willful misrepresentation of men too prejudiced to observe correctly and report truthfully. Some at least have a foundation in fact. Any jury of competent men reviewing the evidence would be obliged to reach such a conclusion.

A second point and one equally well established, is that as

good cures are made by the remedies in the 3x potency or even lower, not excepting the ϕ .

The proof of this proposition is in every respect similar to the preceding.

A corollary arising from these is also well established, viz: That in all cures falling under either of these extremes, the remedy may have been prescribed and administered under strictly homœopathic rules, and neither party can say to the other, I am more, or you are less, homœopathic.

There is still another corollary: It is no greater credit to homœopathy, that the 200c cured where the ϕ failed, than that ϕ cured where the 200c failed.

The homœopathic part of the prescription does not lie in the [potency employed. It rests wholly in the method of prescribing.

To prescribe homœopathically pre-supposes two things:

First. A reliable proving of the drug upon the healthy human organism, together with reliable confirmations from from its use upon the sick.

Second. Experience in applying this knowledge.

The discussion of the reliability of our materia medica is foreign to the scope of our present purpose.

What, then, is the experience required to apply a reliable drug proving?

The main factors seem to me to be these:

First. That the drug does or does not act the same in different potencies.

Second. That the patient is or is not peculiarly susceptible to the action of the chosen drug.

Third. That the stage of the disease is suitable for the administration of the chosen drug.

Fourth. The size of the dose and the frequency of repetition necessary to procure the effects of the drug.

The first pre-supposes a knowledge of the drug's peculiarities; the second, an acquaintance with the patient's peculiarities; the third, acquaintance with the peculiarities of the disease; and the fourth, practical knowledge in the use of the drug.

Very often the physician cannot have all four of these points in his favor. The probability of his prescription

curing the patient will be in inverse proportion to the value of the missing link, compared with those he has.

Our limits forbid a consideration of all four of these points, and only the first will be treated.

That different potencies of the same drug do affect the human organism very differently is, beyond doubt, true in some cases. Lycopodium, kali carb., baryta carb., and others might be named as belonging to this class.

But what the limit may be in each particular drug is in most cases still an open question. The greatest present need of our materia medica lies here. Few authors have dared to express any opinion on the point, and when one is given, as in Hughes or Underwood, it is tentative rather than authoritative.

The beginner is often sorely puzzled what to do in administering a given drug, after he has consulted the text-books and made his selection. The probabilities are ten to one that he will start on the line of high potency or low potency from the merest accidents of his surroundings.

When should the different potencies of a given drug be used, or when, if ever, should high potencies be employed?

The question is not one of a priori reasoning. It is useless and unscientific to decry high potencies because at a certain stage they pass out of the range of the microscope, or of chemical reaction.

They are not intended for the purpose of microscopic demonstration, nor yet to procure chemical reaction. They are intended to cure the sick, and this only is their real and reasonable test. Nothing can be more unessential than that they should be capable of microscopic, or chemical, or any other demonstration whatever, than the one for the purpose of which they are made and used.

It is not necessary that they "stand to reason," as we sometimes say. There is no need of reasoning about them, it is wholly a matter of experiment and not at all of reasoning.

To reason upon the administration of any potency, or drug, a priori, is the height of scientific absurdity.

The apparently most unreasonable things constantly happen.

Says a patient to you, give medicine by the mouth only.

for a felon on the finger, or a bunion on the toe, how absurd! What is your reply? Try and see for yourself. And this is the sole answer for the use of any potency, high or low, the ϕ or the *c. m.*

Try them fairly, intelligently, homœopathically and thoroughly; if they cure, give them the credit; if they fail, discard them.

The sooner we reach this conclusion, and laying aside our prejudices, stop our wrangling and go to observing, experimenting, proving all things, holding fast that which is good, the better will it be for our patients, our purses and our profession.

What is needed all along the line is less theorizing and more practice; less referring to Hahnemann, to the microscope, to chemistry, to reasoning, and more to a careful experimental use of our drugs in all potencies from ϕ to *c. m.*

In this way only can we lay a solid and lasting foundation for our materia medica.

The dynamic theory of drugs is wholly unessential; so is the dynamic force of disease; and how the vital force is perturbed, or whether there be any such thing as vital force.

What is necessary for us to know as physicians, is what can be done with a given potency of a given drug in a given case, theories thrown to the winds.

If the profession would come together as a unit in this work and each through the medium of our journals contribute facts in the use of drugs, based upon actual cases, detailed honestly, concisely, clearly and fully, material would soon accumulate sufficient to warrant a revision of our materia medica on the bed-rock basis of actual demonstration. Then we could recommend potencies, high and low, with the same assurance we now recommend characteristic symptoms.

I cannot forbear to add, that in this work, failures are of scarcely less value to the end desired than successes. The rocks are, if possible, of more interest to the mariner than the deep water.

A movement like this would lift homœopathy in a few years to the first place in medical practice throughout the civilized world.

OPHTHALMOLOGICAL NOTES.

BY H. H. CRIPPEN, M. D., SAN DIEGO, CALIFORNIA.

We note with pleasure the formation of the Société d'ophtalmologie de Paris, of which M. Chevallereau has been made president and M. Gorecki general secretary.

Its membership, including such well-known names as Galezowski, Panas, Valude, Meyer, Chauvel, and Despagnet, promises an accumulation of observations and comparisons that will be of great value in relation to ophthalmology. The first session, held July 3rd, 1888, was distinguished by such thoroughness and earnestness, and by such an evident intention to preserve harmony of purpose, that we may look forward to a future, for this new society, which will add many new facts to their department of medicine.

Among the first papers read before the society is one by Dr. Valude, giving his experience with "naphthol in purulent ophthalmia." He has employed this new antiseptic in the following solution:

Distilled water.....	1000 grammes.
Naphthol.....	.20 grammes.

As a summary of his experiments, the following conclusions are arrived at: That, in grave cases of purulent ophthalmia, this solution constitutes an antiseptic which may be used with great advantage in conjunction with the ordinary cauterizations of the membrane; that in cases of ophthalmia neonatorum, of slight degree of severity, and especially in the purulent ophthalmia of the scrofulous, this same antiseptic is sufficient to produce a rapid cessation of the symptoms.

An extremely rare congenital anomaly was also presented at this meeting of the society; the case of a patient of Dr. F. Despagnet, in whom he had discovered the persistence of the canal of Cloquet (Hyaloid canal. Persistence of the hyaloid artery). In the right eye there was to be seen, a little below the horizontal meridian of the posterior surface of the crystalline lens and on the vertical meridian, a small opacity of oval-shape in the horizontal direction. From this there passed towards the fundus a greyish membranous mass in tubular form which enlarged gradually towards the

papilla. This described in its course a slight curvature, with the convexity inferior. Finally it was adherent to the papilla in its inferior part and to the retina bordering upon it. The papillary vessels which the membranous opacity covered were not deviated from their normal course nor obstructed as to their circulation. As a whole the mass presented in the form of an infundibulum, of which the small extremity was attached to the posterior surface of the lens, the large extremity to the fundus. No vessels could be seen upon its surface. There was no other anomaly of the eye besides this, and the eye of the other side was normal.

Cases of the persistence of the hyaloid artery are rare. In animals of lower development, notably the cow and the horse, its remains are often seen in the shape of string-like tendons. Meissner has noted it in the human being as a simple short tendinous cord. Toussaint, Liebreich, and Sämisch have described the persistence of this nutrient vessel as a tendinous band, stretching from the papilla to the posterior surface of the lens, where it produced a small opacity. Sämisch, in particular, describes it as an opaque cord surrounded by a second somewhat greyish zone. Zehender claims to have been able to verify the presence of blood in the persistent artery, by the red color of the cord, together with undulatory movements. De Wecker describes it attached to a dislocated cataract, and later Dr. Edouard Meyer mentions a case in which the persistent hyaloid artery was accompanied by remnants of the papillary membrane. In this case of Dr. Despagne, which I have described above, the appearance of the anomaly is worthy of note from the fact that it corresponds closely to the central canal of the vitreous found by Stilling, which is stated to increase in diameter as it approaches the optic papilla.

The French oculists do not rest satisfied with the laurels they have won of late for their rapid advancement in ophthalmology. The honor accorded to Helmholtz, Donders, von Graefe and others, is still a thorn in their side and they are leaving no stone unturned to advance a step before their German confreres. Just now they are loudly proclaiming that "to France belongs the merit of advancing the theory of the accommodation." It is claimed that Descartes,

in his *Traité de l'homme*, published in 1664, pointed out to us the fact that the curvature of the crystalline lens varied according as we regarded a near or a distant object, and that he illustrated, by a cut, these variations of curvature, advancing, in explanation of these variations, that they were due to small filaments which surrounded the lens. Not only did he expose in very explicit terms all the theory of the accommodation, as we know it to-day, but, by a learned physical and mathematical analysis, he has presented the existence of the ciliary muscle, which was discovered two centuries later. So far, then, the honor of discovering the theory of the accommodation belongs to France and not to Germany, but it certainly detracts from that honor to say that this discovery of Descartes has lain hidden so long under the dust of ages.

In the *Recueil d'Ophthalmologie* (No. 10, 1888), Dr. Galezowski has a few words to say on glaucoma simplex. The last Ophthalmological Congress, at Heidelberg, discussed glaucoma in all its aspects, but, to this, this author desires to add a few words. Thus he reasons that since, in glaucoma simplex, the anterior parts of the eye do not present any appreciable perturbation in the circulation of the globe, it is possible that the excavation of the papilla is caused by a morbid process of the posterior segment of the globe. This opinion is also arrived at by the observation of a glaucomatous eye which was enucleated by Dr. Galezowski. In this was found a very great density of the sclerotic and atheromatous alterations of the vessels of the posterior segment of the eye. In order, then, to restore the circulation of the posterior portion of the ocular globe, it is recommended to perform a new operation, that of posterior sclerotomy. This, Dr. Galezowski does, with the aid of a special curved knife, as follows: The capsule of Tenon is detached beyond the ciliary circle in two places, comprised between the superior, the external, and the inferior rectus muscles. The sclerotome is then plunged into the thickness of the sclera, from before, backwards, along the antero-posterior meridian of the globe; the sclerotome held flat. This incision extends over some millimetres, and is only arrested when one feels that one has penetrated between the

choroid and sclera; at this moment the knife is withdrawn. These two incisions made in the places indicated, eserine is instilled and a compressive dressing applied to the eye. Some days after the wound cicatrizes and when examined at this moment with the ophthalmoscope there will be seen on the choroid some red spots, which are transformed at the end of some weeks into atrophic patches. The visual acuity becomes better, and the visual field slightly enlarges, but most important, the disease will be found completely arrested by the operation.

TREATMENT OF DYSPEPSIA.

BY DR. P. JOUSSET, PARIS. FRANCE.

Translated by S. LILIENTHAL, M. D., San Francisco, Cal.

We prefer the term dyspepsia to that of chronic gastritis and to that of dilatation of the stomach. The term dyspepsia expresses only a trouble of digestion, which may accompany any other affection. Gastritis and dilatation of the stomach are frequently lesions in dyspepsia, but they are not constant. Let us for the present study only the treatment of the clinical forms of dyspepsia, and in the chapter of dyspepsia larosta we will find all the useful facts, explained by the intoxication due to the formation of ptomaines in dilated stomachs.

We may divide dyspepsia in two principal classes, those with pronounced gastric symptoms, comprising bradyspepsia, flatulent, pituitous and acid dyspepsia, which Prof. Sée calls *nervo-motor dyspepsia*. In a second category we put the *dyspepsia barsuæ*, where gastric symptoms are very little apparent, but where the reflex symptoms and the general ones are very marked; here we have cardiac, pulmonary, cerebral, cachectic dyspepsia, the latent form of Sée, the chemical form of Bouchard.

The chief remedies in the flatulent, pituitous or acid forms are: *Nux vom.* and graphites, bryonia, pulsatilla, china carbo veg., lycopodium, lachesis, baryta carb., and antimonium crud.

Nux vomica and Graphites.—The alternation of these two drugs, *nux vomica* before the meal, graphites after the meal,

constitutes an excellent treatment of dyspepsia. *Nux vomica* will always remain our principal stomachicum, it suits hæmorrhoidal patients and strong, vigorous, irascible constitutions. Sedentary habits, abuse of alcoholic drinks; assiduous intellectual labor, habitual constipation, are its well-known indications. As gastric symptoms we meet here repugnance to food with nausea or a false hunger and easily satisfied, sensation of fullness in the stomach after eating, with herbaceous taste, eructations, bitter and acid regurgitation, pyrosis and sometimes acid vomiting; malaise, down-heartedness, heat and redness of the cheeks, sometimes with coldness of the body.

Graphites offers similar symptoms: bitter and sour regurgitation of the food, a kind of rumination, salivation, mucosity. Vomiting of food is here more marked than in *nux vomica*, as also the indigestion of liquids. It suits cases of dilated stomach. For that so common dyspepsia, bradyspepsia or laborious digestion, the best treatment is this alternation of *nux vomica* and *graphites*. It is best to begin treatment with the 12th dilution, and only when this fails we descend to the 6th or 3d. Amelioration follows, but the symptoms may reappear when we suspend treatment, especially where carelessness in diet prevails or another remedy may be indicated.

Nux vomica especially suits a dyspepsia accompanied by mucosity mornings or acid eructations and regurgitations.

Bryonia.—A pressing pain, as if a heavy weight laid on the pit of the stomach, with bloatedness immediately after a meal and sometimes even before the meal is finished. Walking or going down stairs renders the pain unbearable, radiating even to the bladder and perinæum, and relieved by sitting, and still more by lying down. Vomiting of the food sets in pretty soon after a meal, and may become bilious or even bloody. 6th and 12th dilutions.

Pulsatilla.—Aggravation of symptoms from fat food and disgust to them, as milk, butter, meat and hot meals, rancid taste or taste of spoiled meat; acid, offensive eructations, pyrosis, bilious vomiting of food taken several days ago, a sure sign of a dilated stomach. Pain sometimes gets easier

while eating; great repugnance to all beverages; diarrhœa and stools with undigested food. 3d to 12th dilutions.

China.—Dyspepsia produced by the abuse of bark is not rare. Its symptoms are: heaviness, slow digestion with eructations and rumination, the sensation of fullness disappear, sometimes while eating, and is often relieved by a little food; in other cases the appetite remains good in spite of the dyspepsia; gastric flatulence; diarrhœa, especially right after a meal, somnolence, lassitude of limbs; disinclination to move about, downheartedness, hypochondriasis. It suits gouty patients. 6th dilution acts well, though sometimes one has to go lower.

Carbo veg.—*Chronicity, especially in the aged.* Great flatulence, acidity and cutting eructations; headache and dizziness, rarely constipation; tympany; painful hiccough; dyspepsia larvata. 12th to 30th dilutions.

Lycopodium.—Intestinal flatulence and constipation; *invincible tendency to sleep* during digestion; severe pains when taking food, and the gastric heaviness and dullness is eased by a small quantity of food. Vomiting of food and of bile. Copious deposits of urates in urine. 19th and 30th dilutions.

Lachesis.—Patient extremely sensitive to pressure around epigastrium, has to loosen clothing; dyspnœa, palpitations, vertigo, headache, weakness of limbs; *diarrhœa*. 6th to 12th.

Vipera torva.—Intense dyspepsia at regular periodical intervals. Low dilutions.

Baryta carb.—Fullness of stomach, *relieved by eructations* and often disappearing after a meal; acid eructations, nausea, afflux of saliva, frequent vomiting of mucus; pain in the cardia *when swallowing*; inhibited respiration, headache, general debility. 6th to 12th.

Antimonium crudum.—Dyspepsia with diarrhœa, or badly digested stools; snap tongue, no appetite; sometimes violent pains in stomach, nausea, bitter belching, hiccough, vomiting, lassitude, heaviness, and desire to sleep after eating. Low dilutions.

LATENT DYSPEPSIA.

1. Cardiac variety. Intermittent beating of heart after two, three or four pulsations, or after longer intervals. The patient is fully conscious of this intermittency and feels a

kind of inhibition in the cardiac region. Such reflex intermission is characteristic and must be differentiated from that due to a valvular lesion. Or the patient may feel only the palpitation with tendency to fainting. Dr. Potain found an instantaneous dilatation of the right ventricle. Such cardiac attacks come on just at a meal. Heavy indigestible food aggravates it and the patient knows very well what food or drink he has to abstain from. Principal remedies are here: *Tabacum*, *carbo veg.*, *sepia*, *natrum mur.*, *china*, acid hydrocyan, *spigelia*, *cactus*.

Tabacum is apt to produce dyspepsia in smokers, it causes palpitation and irregular pulse. Sixth dilution, four times daily.

Carbo Veg.—*Intermission of the beating of the heart when lying down* with dyspepsia and colic. It is only a palliative. 12th–30th.

Sepia.—Cardiac intermission *after the meal*; epigastric pulsations, colic with diarrhœa during the meal; extreme prostration. Lowest and highest potencies have done well.

Natrum Mur.—In a toxic dose sea-salt causes death from paralysis of the heart; in small does it produces palpitations with anxiety, *intermittent pulse and syncope*; heaviness and bloatedness after eating, nausea, sour or bitter regurgitation; pyrosis, great languor with somnolence and red face 30th dilution.

China also produces intermittent pulse and Jousset prefers quinine, 25–50 centigrammes.

Hydrocyanic acid.—Pressure and squeezing in the pit of the stomach with oppression; *coldness in stomach and intestines*; nausea and vomiting; palpitations and irregular beating of the heart; weakness of the beating of the heart. 3d up to 12th.

Spigelia.—*Chief remedy for irregular and intermitting pulse.* 4 to 6th. It always gives momentary relief.

Cactus.—Slow digestion, enormous heaviness of the stomach, *oppression*, acidity; very painful pulsations in the cœliac and temporal artery. Irregularity and intermission of the pulse. 1st to 12th.

Most remedies indicated in the cardiac variety will be found more or less indicated in the pulmonary variety, espe-

cially cactus and carbo veg. For the cerebral variety we would think on nux vomica, bryonia, lycopodium, lachesis, baryta, as all of them have headache, vertigo and somnolence during digestion.

Diet for Dyspeptics.—Alcohol, wine, and especially red wines vinegar, butter, oils and fats, bread, greasy beef tea, ought to be strictly forbidden; ragouts, pork, except ham, must be abstained from; beef and veal are often injurious. A dyspeptic ought to live on milk, soft boiled eggs, chicken, mutton roasted or broiled, ham, smoked tongue, brains, sweet bread, whiting or other fish plainly prepared, clear puries, cream, boiled potatoes, green vegetables. Instead of bread he may use dry biscuits, Albert crackers. toast. At the meal he may take water or tea, and off and on some white wine and water.

ARTICLES IN SURGERY.

SURGICAL CASES, HOMŒOPATHIC HOSPITAL, U. OF M.

REPORTED BY R. H. STEVENS, CLINICAL ASSISTANT TO THE CHAIR
OF SURGERY.

OVARIOTOMY.

Case II.—Mrs. P——, aged 40, mother of four children, has always enjoyed general good health.

Family history: Six aunts on her father's side had the dropsy between the ages of 40 and 50 years.

Personal history: Three years ago she first noticed a small tumor, about the size of a hen's egg, in the lower part of the abdomen, which appeared to be near the surface or against the abdominal wall. There was no pain in the tumor, and for a short period it seemed to disappear, but soon reappeared.

It grew continuously until April, 1886, when it was tapped by Profs. Obetz and Wood, and a considerable amount of white albuminous fluid was drawn off. At that time the tumor occupied the upper portion of the left side of the abdomen, and extended towards the left iliac region.

On Dec. 4th, 1888, she returned to the hospital. After tapping, the tumor gradually increased in size, until it filled up the entire abdomen, causing it to distend enormously.

Her general health during her absence has been good; she has slept well, her bowels have been regular, and the urine apparently normal, (though a subsequent examination showed traces of albumen); but the menses have been irregular and scanty, there being suppression for two or three months at a time, and the uterus has been displaced.

On physical examination, the tumor was found to be tense, and the wave impulse was conducted to the finger quite readily. A diagnosis of ovarian cyst was made, and immediate operative measures advised.

Accordingly, on Dec. 8, at 10 a. m., the patient was anesthetized by ether, a hypodermic injection of morphia and atropia having been given a few minutes previously, and the operation of ovariectomy begun by Prof. Obetz, assisted by Prof. Wood, modern antiseptics being strictly carried out. There were present also the assistants, the senior medical class, Drs. Emma C. Geisse and R. C. Rudy, of Detroit, and Prof. McLachlan.

An incision about seven inches long was made through the linea alba, and the cyst, which proved to be of the proliferous variety, exposed. The trocar was then introduced, the patient turned on her side, and the fluid of a large cyst allowed to run out. The hand was now introduced and a number of smaller cysts within the large one were broken down. There were several cysts, however, which were not broken down, as their walls were quite tough, and there was a possibility of rupturing the posterior cyst wall if they did not extend back very far. Consequently, the incision was extended upwards, and the remaining portion of the tumor rolled out, without much difficulty, as there were no adhesions to speak of. More or less fluid was lost, but the tumor and the fluid secured weighed nearly sixty pounds and fully accounted for the great distension.

The pedicle was then compressed with the heavy pedicle clamp, transfixed with a strong silk ligature, ligated and cut off. The right ovary was found to be diseased, and was removed also.

The abdomen was then carefully flushed with an antiseptic solution, the cavity thoroughly dried, and the wound closed by deep, silk, and superficial, cat-gut sutures. It was

dressed antiseptically, but a drainage tube was deemed unnecessary on account of there being no adhesions, and it was, therefore, left out.

She bore the operation well, and came out from under the influence of the anæsthetic with a good pulse. Relief was experienced immediately, and the patient was not even sick at the stomach from the use of the ether. During the remainder of the day she slept most of the time, felt no pain, and was quite comfortable.

December 12 (4th day). No anodyne of any sort has been used since the operation, but the patient has complained of no pain and has slept the greater part of the time. Her temperature has not been higher than 100.4°, but her tongue has been quite dry, the result of drinking no water, which she was afraid to do. She was ordered to drink plenty of water.

December 15 (7th day). The dressings were removed for the first time, and were not soiled in the least, so they were replaced. The wound was healed nicely.

December 20 (12th day). The stitches were removed and new dressings applied.

January 1 (23d day). The patient was up walking around, and felt very well.

January 8 (31st day). She has suffered no pain nor inconvenience about the abdomen since she got up. Adhesives were applied to the abdomen, over the site of the wound, to prevent the occurrence of a hernia through the weakened tissues, and the patient returned to her home well.

MEDICAL FORUM.

ZINCUM.

To the Editor of THE MEDICAL COUNSELOR:

In the December number of your valued journal, Prof. Owens, of Cincinnati, accuses me of an error for which I cannot find the source or else my words were misunderstood. Where in any zymotic disease, be it scarlatina, morbilli or, variola, belladonna is indicated, zincum must be out of place, For the latter the disease, *sit venia verba*, runs or has run an anomalous course, while with belladonna all is smooth.

We may have, not only at first, but even through its course, some symptoms hinting to activity, but they are often the last flickering of an exhausted nerve force, and zincum becomes our sheet-anchor to support that waning life-force. For such contradictory symptoms, to give belladonna or stramonium would be a fatal error. It is not the malignancy, the thorough blood-poisoning, which indicates zincum, for our *Materia Medica* is rich in fighting these morbid germs, it is the excessive nervous prostration, this vital power below par, which is the keynote for its use, be the concomitant symptoms whatever they please, hence the patient is nervously too weak and exhausted to develop the eruption, or the quantity of the poison is so overwhelming that it overpowers the nervous system and threatens paralysis.

Neither Raue nor Winterburn (Arndt's *Cyclopædia*) mentions under zincum the symptoms given by Owens, though everyone of them is found under the pathogenesis of this metal, but for typhoid scarlatina, and this Owens' symptoms show we would rely with far more confidence on our acids, from acetic down to nitric *pro re nata*, or on apis, phosphorus, etc. I might as well say, *Et! tu Brute!* what have I done to you, Brother Owens? S. LILIENTHAL.

ECTOPIC PREGNANCY.

"LECTURES ON ECTOPIC PREGNANCY AND PELVIC HEMATOCELE." BY
LAWSON TAIT, F. R. S., LL. D.

To Lawson Tait more than to any other man, living or dead, is due the credit of demonstrating the wisdom of fearlessly opening the abdomen in ectopic pregnancy, when the cyst ruptures into the peritoneal cavity. That this statement is not an exaggerated one, his list of cases on page 45 of the work under review, will prove. Surely forty-two laparotomies, undertaken in many instances after the patient has become nearly moribund from blood effused into the peritoneal cavity, with peritonitis as a not infrequent complication, and forty maternal recoveries, is a record well to feel proud of. As an innovator Tait can with justice consider himself a benefactor, for he has not only saved human life by his own personal efforts, but he has established a

precedent from which deductions will be drawn for a long time to come.

The author at the very outset expresses his indebtedness to the works of Drs. Wm. Campbell, of Edinburgh, and Jno. S. Parry, of Philadelphia, the former published in 1842 and the latter in 1876. One is rather surprised that no mention is made of the work of Steven Rogers,* published in 1867, inasmuch as Rogers, even at that date, emphasized the fact that gastrotomy is the only recourse when the surgeon recognizes the presence of blood in the peritoneal cavity, with a coincident history of hæmatocele. For instance, on page 40, in discussing the treatment of a ruptured cyst with active hæmorrhage, he says: "*The peritoneal cavity must be opened; the bleeding vessels must be ligated.*" Again, on page 41: "The pretext that the operation may not save life, or that the chances are greatly against its success, evinces to me a culpable lack of moral courage. This is not the reflection which should animate the surgeon under such circumstances. The questions for him to propound are, is it necessary, and if attended by any or by greater danger, is there a reasonable, or is there any hope without it?" When it is remembered that these words were written over twenty years ago, at a time when abdominal surgery was yet in its infancy, one cannot tell whom to most admire, Rogers, who promulgated a surgical principle and advocated its adoption in words that cannot be misunderstood; or, Tait, who, with his series of forty-two cases has demonstrated the correctness of that principle. Certainly this work of Rogers should have received some recognition from Tait.

The author in his classification divides ectopic gestation into, *a*, ovarian, *b*, tubal, *c*, tubo-uterine or interstitial. He simply admits the possibility of the ovarian variety, though its existence is not yet proved. When occurring in the tube it invariably ruptures either into, *a*, the peritoneal cavity, or, *b*, into the folds of the broad ligament. In the first instance death is inevitable unless abdominal section be resorted to. On the other hand if the rupture occurs between the folds of the broad ligament any one of the following terminations

* "Extra Uterine Fostation and Gestation, and the Early Signs which Characterize It." By Stephen Rogers, M. D., New York.

may follow: *a*, may develop to full time and be removed at a viable period as a living child; *b*, may die and be absorbed as an extra-peritoneal hæmatocele; *c*, may die and suppurate, being discharged either through the abdominal walls or through the bladder, vagina, or intestinal tract; *d*, may remain quiescent as a lithopædion; *e*, may become abdominal or intra-peritoneal gestation by secondary rupture.

It is asserted on page 6, that "in interstitial cases the rupture, so far as is known, always takes place into the peritoneal cavity," and the possibility of its occurring into the uterine cavity is denied. This somewhat dogmatic statement is based upon the theory that, according to Tait, it is utterly impossible to diagnose an interstitial from a normal pregnancy during the life of the patient, and that a rupture into the uterine cavity "has never been verified either by post-mortem or ante-mortem examination." Inasmuch as a happy termination of this kind would very rarely prove fatal, there would be few opportunities to make post-mortem examinations; nor would an operation be called for, hence the want of reliable ante-mortem evidence. Nevertheless, the case reported by myself to the Homœopathic Medical Society of Michigan, in 1885,* was one of interstitial pregnancy rupturing into the uterus, if the clinical history, together with the local examination, can be relied upon. I saw the case in consultation with Dr. J. M. Long, of Coldwater, Mich., on the 29th of March, 1885, and elicited the following history: The patient had suffered since the middle of the preceding January, with dull, heavy, bearing down pains in the pelvis, extending to the back and down the thighs; there was great lassitude, with an obstinate hacking cough. Menorrhagia and metrorrhagia had existed for months previous to the onset of the illness for which I was consulted. The usual menstrual flow made its appearance in January, February and March, stopping three days previous to my first visit. An examination then made showed the uterus to be enlarged, extending nearly to the umbilicus, the fundus tipping backwards and to the left. In the region of the left tube there was a distinct tumor projecting from the uterus, about as large as a small foetal head, and having

* *Vide* Proceedings.

a broad base continuous with the uterine walls. The cervix was hypertrophied and elongated, the cervical canal dilated, and from it there oozed a thick, sanious discharge. The uterine cavity measured five inches. Nothing could be discovered in the interior of the uterus, exploration being done as thoroughly as it could be done with the sound. On April 14th the organ was thoroughly curetted, and strong carbolic acid applied to the entire endometrium. This operation rewarded us with numerous fungoid growths, and not the slightest inconvenience followed it. On the first of May, thirty days after the use of the sound, and fifteen days after the curetting, a well-preserved fœtus of three months was expelled, per vaginam. The flooding was alarming, shock and syncope being pronounced symptoms, but the patient eventually made a good recovery. Probably the curetting had much to do with the fortunate termination. Possibly it might have been a double uterus, but if so, subsequent examinations failed to reveal any evidences indicating that such was the case. If not a double uterus the fœtus was certainly extra-uterine at the time when the first examination and the curetting were resorted to.

Notwithstanding the fact that nearly every text-book on obstetrics gives an array of symptoms indicating tubal pregnancy, Tait has this to say concerning the diagnosis before rupture occurs: "Much discussion has taken place of late years as to the possibility of diagnosing tubal pregnancy before the period of rupture, and many strangely dogmatic assertions have been made to the effect that such cases have been diagnosed and successfully treated. I am bound to say that I am exceedingly sceptical concerning the correctness of these statements, and one fact alone would justify my attitude. It is this, that of all the cases that I have operated upon, and in many where I have seen the post-mortem examination and have known the history, the patients have made no complaints till the alarming symptoms of rupture have set in."

As to the comparative importance of intra- and extra-peritoneal rupture, the following somewhat remarkable statement is made: "No more appropriate place than this occurs to me to discuss that much confused question, if for no other

reason than that I have never seen an intra-peritoneal hæmatocele that was not due to a ruptured tubal pregnancy; and very many cases of extra-peritoneal hæmatocele (effusion of blood into the broad ligament) have undoubtedly been tubal pregnancies which have ruptured between the peritoneal folds of that important structure. The difference between them is all-important every way, for the intra-peritoneal ruptures seem to be almost uniformly fatal, whilst the extra-peritoneal hæmatoceles, whether arising from tubal pregnancies or not, should certainly be left to take their own course unless they give signs that they are suppurating." Two exceptional cases of extra peritoneal hæmatocele are given in detail on pages 31 and 32, where the effusion of blood was so great as to necessitate operative interference.

Electricity, for the purpose of destroying the fœtus, is condemned most emphatically, and the ghastliness of the method fearfully portrayed. The author has a way of making himself understood when he dislikes either methods or men.

While the monograph is imperfect as regards systematic arrangements, it is nevertheless the most valuable contribution upon the subject of ectopic pregnancy ever yet issued.

Tait's great reputation as an operation would alone cause the work to be read with much interest. His startling array of successful cases, however, speaks volumes, and will add much to its value. The general practitioner who has not had access to the Author's contributions to special journals is to be congratulated upon being able to secure these valuable lectures in a compact form.

JAMES C. WOOD.

DR. DIXON says in the *Medical Review* that fifteen grains of antipyrin in a wine glass of water just before retiring effectually relieves all symptoms of chordee.

PROF. VON NUSSBAUM, of Munich, in an article on "The Internal Use of Ichthyol," in Liebrich's *Therapeutischen Monatsheften*, says: "In conclusion I must remark that ichthyol is an excellent example of Hahnemann's maxim, '*Similia similibus*,' for, while it acts in a marvelously curative manner on eczema, there are constitutions in which it will produce eczema."—*N. Y. Medical Times*.

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EDITORIALS.

MEDICAL ETHICS.

The "code" was originally formulated for the *guidance* of a dignified, honorable, reputable and scientific class of men, whose love for suffering humanity and for a *then* noble profession was the chief motive that led them to study and practice medicine. The greed and avarice of unworthy men have, in our day, brought our calling so far into disrepute, that the title "Doctor of Medicine" no longer adds anything to the standing or influence of its possessor in his community. He will owe all he may have of either to his own individual character and worth, and nothing to the degree now so loosely conferred upon any would-be doctor.

The demands of a new country undoubtedly had much to do with the lax requirements in medical education in our own country. As the early settlers made their way westward, the diseases incident to pioneer life made the presence of a physician a necessity in every community. A doctor must share the hardships and deprivations in common with the rest, and, moreover, he must work five times as hard for

half the pay which his brother in the older and wealthier portions of the country received. All this was not inviting, but some one must be induced to "go West," hence those who were poor and had to begin life at the bottom, had little time and less money to spend, took short terms at college or none at all, and went West to "grow up with the country." Such students, sturdy, self-reliant, honest and talented as most of them were, became practical, industrious, and generally progressive practitioners. No one will deny, however, that they could and would have done better work had they possessed the advantages so plentifully and freely offered at the present time. That they continued to grow and became able and intelligent practitioners, upon whom we look with pride and veneration, was solely because of their indomitable perseverance, energy and originality, for it must be confessed their advantages were few, and their early acquirements very limited.

The faculties of medical schools were obliged to adapt themselves to the existing state of things, hence a few weeks' study was presumed to fit a man for practice. A similar state existed, from necessity, in all educational matters. For our common schools teachers must be supplied, and preparatory study and requirements for teaching were proportionate with those in medicine. In a lesser degree these conditions are still found in the newly settled parts of our country, and a law to entirely and suddenly alter such conditions would work great injustice and harm in certain communities. Not until all parts of the country possess the ordinary advantages of the East at the present time, can we expect to realize our ideal in medicine.

But it is no longer necessary to offer a short course of study to induce persons to enter the medical profession. On the contrary, the ease with which a medical diploma can be secured to-day, invites thousands who are in no sense fitted for it, to enter the ranks of medical students. They do so, not because they have any love for humanity or science, but solely because they think they can *make money* at it.

Finding after getting into practice that the public is disposed to judge physicians by their scientific attainments, or by the number of cures they make, such men resort to al

sorts of dishonorable and illegal practices in order to accomplish their object in studying medicine until at least opprobrium and contempt for the profession has taken the place of honor and esteem in the popular mind. High-minded and reputable practitioners must of course suffer under this general imputation, and this deplorable condition of things will continue to grow worse until radical steps are taken to remedy it.

Many methods of doing this have been suggested, but we believe no *one* is sufficient; a *judicious combination* of several or all is what is required. Some attach the blame entirely to the colleges; some to preceptors; some to medical societies, large or small; some to the secular and medical press; and others to the people as a whole. There is no doubt but that a share of the blame may be justly imputed to each of these, but not an equal one. The public are most to blame from first to last.

The people should not employ an incompetent or a dishonorable doctor; but the people are not all good, and often tempt the doctor for a consideration to share crime with themselves. The well-disposed of the public as well as of the profession, must then educate and christianize the rest, until the ill-disposed are in so small a minority that the unwritten law against abortion and other professional crimes will in itself be sufficient to enforce rectitude and morality. It is a common and doubtless true saying, that to be effective a law must have a *large* majority of the people in favor of it. When an overwhelming moral sentiment steps forward on all occasions in support of reputable, and in denunciation of disreputable, practices in medicine as in other things, there will be little need for medico-legal enactments—most persons either from inherent uprightness, or policy, will live *above* the law.

Then men will not be actuated by greed or avarice in *beginning* the study of medicine, and because of pure motives and high aspirations on the part of individuals, the profession as a whole will assume a high plane both from a humanitarian and a scientific standpoint.

If preceptors would accept only fit persons as students, much would be done. But dishonorable preceptors will take

unworthy and unfit students, and moreover, students are not required in many cases to spend any time in a preceptor's office, but go to college and get their "sheepskins" without any office instruction. Here the college is at fault, and coöperation upon their part is absolutely necessary to correct this evil. The public might force the colleges to require a longer and a uniform course of study, if it would, but will scarcely do so in its present mood. People will have to be educated up to this point. How is this to be done?

The college faculties should be the prime movers in such a work. The fact remains, nevertheless, that some of them are not, and these make the wheels of progress drag. It is with pride, however, that we refer to the recent action of the American Institute of Homœopathy, in refusing to recognize any college requiring less than three courses of at least six months each. Homœopaths lead in the matter of higher education, and we believe they lead also in the matter of ethics. Comparatively few of our school, so far as our own observation goes, engage in this iniquitous practice of committing abortion, but there are too many.

The medical press has all along been outspoken in its denunciation of this heinous offense against God and man, and without doubt have wielded a strong arm for good. By concerted action they can do much more, however, and upon its efforts depends most of hope for the future. Let it constantly advocate and insist upon mental and moral fitness in students, and a strict observance of ethics by the profession, and the medical millenium will not long be delayed.

For nearly a century, the allopathic school has been so bitter and relentless in its persecution of homœopathy, that the abuses which have crept into its own ranks have escaped notice. Its code of ethics has simply been perverted to further its designs against homœopathy, rather than to elevate its own standard of professional morality and excellence. It is, however, a hopeful sign of the times to notice the spirit of tolerance and fair dealing which seems to manifest itself occasionally in some of our esteemed old-school contemporaries. The *Therapeutic Gazette* of Jan. 15th, discusses the relation of medical advertising and patent medicines to the "code" and the profession, and con-

cludes apparently that certain methods of advertising is all right, for it says, "it is, indeed, hard to say where the line between proper and improper advertisement should be drawn." Doctors adopt so many ways of getting themselves before the public that it is difficult to keep track of them, let alone regulating by any one standard. The *Gazette* cites a few instances of this class of offences and then goes for the "Patent Medicine" makers. It declares that individuals or firms trade-mark medicines which have been used for years, the most glaring case being the monopoly secured in this way by Merck, upon "hyoscin" and "hematropin." Hyoscin was discovered by Landenberg, and Dr. H. C. Wood made out and published its physiological action several years ago, since when it has become generally used the world over. Now Merck has trade-marked it and will prosecute any one selling a chemical substance under that name.

Four leading manufacturers of *sulphonal*, the new anodyne, have formed a trust and trade-marked it also, so that physicians must pay \$2.00 instead of \$1.20 for the drug.

The *Gazette* concludes with the following: "We have been further urged to do this by the hope that some of the excessive energy, which is now expended in disputes concerning the relations between the regular and homœopathic professions, may be deflected into a combat with some other important departures from the code by the profession." The patent medicine evil which seems to worry our contemporary does not affect our side, fortunately, for, as a rule, homœopathic physicians do not need to be told by a mere chemist or manufacturer, who knows nothing of therapeutics, what to give to patients, nor would they submit to any such insulting dictation.

We would suggest to our Old-School friends that the more they cater to and lean upon their old allies, the chemists and patent medicine manufacturers, the more helpless they will become in the line of therapeutics. Let them resort to the simple and rational medication—the single remedy and the minimum dose—of the homœopaths; let them discard their shot-gun, hap-hazard and unscientific compounds; let them study therapeutics and prescribe according to a definite, yet simple and natural law—*similia similibus curantur*—and they

will not be compelled to make a helpless and puerile appeal to the "code" or civil law for protection. Instead of dictating to any man, or any set of men, what they shall *not* believe or practice, let them simplify and define the principles of medicine, so that therapeutics, like other sciences, may make at least some approach to exactness. The "code" of the American Medical Association is to-day only a cloak for intolerance and bigotry of the grossest character, and our allopathic contemporaries do well to insist upon a general cleaning-up process in their own home.

At the same time homœopaths must not shut their eyes to the importance of guarding their doors, and of tearing up by the roots the seedlings of various professional evils that are being planted in our own garden. Above all do we deplore the narrowness and bigotry within our own ranks, which seeks to compel every man to subscribe to certain fixed medical doctrines, without any regard to circumstances or surroundings. The advocates of this one-idea in our school, who are loudest in their denunciation of all who differ from them, are, strange to say, the very ones who complain most of allopathic intolerance and persecution, and posing as martyrs invite the sympathy of just and liberal people. "A fair field and no favors" is all that true homœopaths ask. They are willing and anxious to have themselves and their system tried by the crucial test of bed-side experiment, for they are confident in the assurance that truth will triumph.

BOOK REVIEWS.

PTOMAINES AND LEUCOMAINES, OR THE PUTREFACTIVE AND PHYSIOLOGICAL ALKALOIDS. By Victor C. Vaughan, Ph. D., M. D., Professor of Hygiene and Physiological Chemistry in the University of Michigan, and Director of the Hygienic Laboratory; and Frederick G. Novy, M. S., Instructor in Hygiene and Physiological Chemistry in the University of Michigan. Philadelphia: Lea Brothers & Company, 1888.

The attitude of the medical profession toward the question of etiology at the present time is one of anxious expectancy. The study of the causes of specific diseases is full of the deepest interest to everyone who has at heart the welfare of his fellow-beings, and probably no one topic has engaged

the attention of scientific men to a greater extent than this, during the last decade. Diseases which were presumed in former years to be visitations of God, and beyond the power of man to prevent, are now known to be simply the results of bad hygiene or sanitation, and to be more or less amenable to measures for their prevention or cure.

The belief that specific diseases are due directly to the germs or micro-organisms which are the active agents of putrefaction, is endorsed by many, while others adhere as firmly to the idea that they are due to ptomaines or the peculiar chemical substances formed by the decomposition of organic matter. Both theories may be wrong, but the presumption seems to be daily growing stronger that these germs or the poisons they produce, are in some way connected with the etiology of such diseases as typhoid and yellow fever, and other similar affections.

All are more or less familiar with the phenomena, due to the retention in the body, of the various excrementitious substances, such as urea, and of others in the several intermediate stages of normal tissue changes in the body. These leucomaines, as they are called, in one way or another undoubtedly set up disturbances which have been relegated without much question to the class of idiopathic diseases. The future has much in store for the intelligent and scientific worker in this particular field, and the man who is fortunate enough to discover the truth and decide this long mooted question will win lasting fame.

The literature upon this topic has hitherto existed chiefly in the form of journal articles, society papers, government reports, etc., being practically beyond the reach of the profession, and Drs. Vaughan and Novy have done it a great service in thus bringing together into one book this scattered but valuable material.

Dr. Vaughan's report of his discovery and investigation of tyrotoxicon, the cheese-poison, is also embodied in the work.

Much that it has been hoped would accrue from investigations in this direction may never be realized, but negative information is frequently quite as valuable as positive, for when search in any direction has been shown to be fruitless,

no further time need be lost in pursuing it; hence the ultimate end is hastened.

Although not the largest (316 pages), this is not by any means the least important of the many valuable publications which the enterprising firm of Lea Brothers & Company has assisted in bringing out, and it should certainly not meet with a less hearty reception than their former ones.

SEXUAL IMPOTENCE IN THE MALE AND FEMALE. By William A. Hammond, M. D., Surgeon-General of U. S. Army (retired list); Professor of Diseases of the Mind and Nervous System, at the New York Post-Graduate Medical School, etc. Detroit: Geo. S. Davis, 1887.

"Probably more unhappiness is caused by sexual impotence than by any other disease that afflicts mankind," is the opening sentence in the author's preface, and if this be true, no apology is needed for the appearance of such a book. Dr. Hammond is so well known as a specialist in, and a writer upon, nervous diseases, that any statement from him will receive attention, if not credence.

It is a strange book, to say the least, and reveals a side to human nature that every person would feign believe to be impossible. But most physicians do not need to be referred to the annals of crime and degradation, for corroboration of the disgusting moral and physical conditions which the author relates. It is a work which should be confined strictly to the physician's library, for which it was evidently intended, and in no case should be placed in the hands of a non-professional person.

To the medical man, however, it offers a great deal that is not only of the highest value, but which he can hardly find elsewhere. The first edition deals with impotence in the male only, but the present volume considers disorders in the female also. The treatment recommended, especially the moral and mechanical, will without doubt prove very effective in the hands of any one possessed of even ordinary tact and ability. In cases requiring so much delicacy and tact, *every* person cannot hope to be successful. Tact, the power of appreciating and doing just the proper thing, under any and all circumstances, is a faculty not naturally possessed by many, and one very difficult to acquire. It is the one

thing above all others necessary in the treatment of sexual diseases. A man of great discretion, nevertheless, by the aid of such suggestions and experience as are recorded in this work, will be able to do wonders in this line.

It comprises over three hundred pages, elegantly bound, and merits a large sale, which it will undoubtedly have when the profession become acquainted with its value.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, Consisting of Original Treatises and of Complete Reproductions in English, of Books and Monographs selected from the latest literature of foreign countries with all illustrations, etc. Monthly. Price, \$10.00 a year; single copies, \$1.00. New York: Wm. Wood & Company.

This is Number 2, Vol. I (February), of the series to be issued during 1889. It contains "Gonorrhœal Infection in Women," by W. J. Sinclair, M. A., M. D.; "On Giddiness," by Thos. Grainger Stewart, M. D.; and "Albuminuria in Bright's Disease," by Dr. Pierre Jaenton. No one who will stop a moment to think, will fail to be struck with the supreme interest and importance attaching to the first and last of these subjects. The question as to when a man infected with clap can safely marry is discussed by Dr. Sinclair in a masterly way, and Dr. Jaenton sets himself to answer the query, "What clinical value should we to-day accord to the symptom albuminuria in Bright's disease?" The fact that albuminuria has lost much of its old diagnostic value, is very clearly shown, and very slight weight is given it in making up the prognosis, importance being assigned rather to "toxicity of the urine in this." Dr. Stewart's treatise upon vertigo is of exceptional value also. The whole comprises 264 pages.

FAVORITE PRESCRIPTIONS OF DISTINGUISHED PRACTITIONERS. WITH NOTES ON TREATMENT. By B. W. Palmer, A. M., M. D. Pages, 256; price, \$2.75. New York: E. B. Treat, 771 Broadway, 1888.

A compilation of the treatment advised and used by such men as Barker, Gross, Bartholow, Flint, Clark, Loomis, Thomas, Wood, Fothergill, Sims, Byford, DaCosta, Cohen, Brown-Sequard, Hammond, and many others in the brilliant galaxy of old-school writers and practitioners, could not fail to present a considerable array of good things.

This is just what the author has supplied in the book before us.

As he suggests in his preface, "the busy practitioner is often at a loss to select from the great mass of material at his disposal, without monopolizing time that he can ill afford to spend in this way, that combination of therapeutic agencies which the experience of the most learned, successful and best trained medical minds of the age has proven is best adapted to meet the indications for treatment in well known conditions of disease." It is easy to see that in some conditions, such as itch, ringworm, etc., a prescription may be eminently useful and practical, but a follower of Hahnemann will disagree with the practice of our Old-school friends in the internal administration of more or less promiscuous compounds for a disease known by a certain name.

The fatherhood of even such men as those mentioned above, will not be sufficient for one that has been accustomed to believe in, and practice according to, a *law* in medicine.

Were these *recipes* simple ones, so that the results could certainly be attributed to the *remedy* used, they would be of immense value as corroborative of the pathogenetic effects of the drug on the healthy, but in combination with one or more others, no definite or reliable conclusions are possible.

The publisher has as usual done his work in most excellent style.

WHAT TO DO IN CASES OF POISONING. By Wm. Murrell, M. D., F. R. C. P., First American from the Fifth English edition. Edited by Frank Woodbury, M. D. Philadelphia: The *Medical Register* Company, 1882.

The hearty reception accorded Dr. Murrell's syllabus in England has encouraged the belief that it would be equally well appreciated in this country, and this seems likely to be confirmed. The author has a terse, direct way of expressing himself that few possess, and it is seen in the clear and explicit directions which he gives. He seems to tell *what* is needed to be done, at the same time that he tells *how* it should be done. No one can possess the book without read-

ing it, and no one can read it and not know what to do in these emergencies when so much often depends upon his promptness and skill. It is a mine of knowledge for only \$1.00.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK. For the year 1888. Volume XXIII. Rochester, N. Y.: Published by the Society.

The volume before us contains the papers and discussions of the two meetings of the Society—the annual, which was held in Albany, Feb. 14 and 15, and the semi-annual, which was held in Syracuse, Sept. 11 and 12, 1888. Our brethren in New York are not content with one session, and they contrive, moreover, to make both sessions exceedingly interesting and profitable. Among other features we notice a portrait and biographical sketch of the retiring president, Prof. William Tod Helmuth, M. D., LL. D. It makes a handsome book of 370 pages, well bound and well printed.

DOSE AND PRICE LABELS OF ALL THE DRUGS AND PREPARATIONS OF THE U. S. PHARMACOPŒIA OF 1880. Together with many unofficial articles, with an appendix. By C. L. Lochman. Third edition, revised and enlarged. Philadelphia: Dunlap & Clarke, No. 817 Filbert street, 1889.

The author is well known as the translator of the German Pharmacopœia, and the author of the "Photographical Illustrations from Living Medicinal Plants, etc." The book cannot but be of the greatest service to pharmacists, physicians and students for whom it is intended. It contains a vast amount of information, is well bound in cloth, and paper, at \$1.50 and \$1.25 respectively.

PROCEEDINGS OF THE TWENTY-FOURTH ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF OHIO. Held in Delaware, May 8th and 9th, 1888. Published by the Society.

Although a little later than usual in its appearance, the book contains much that is valuable. It is scarcely equal to that of 1887, but this fact is readily explained by the difference in the places of meeting. Our friends in Ohio last year experienced just what others have done, that convening in a small and inaccessible town will not often secure a large attendance or keep up the interest in a society.

The long-looked-for first number of the new *Journal of Ophthalmology, Otology, and Laryngology* is at last before us. We have expected much, and are not disappointed—"it's a daisy." Eighteen original and interesting articles, comprising 110 pages, is a good beginning. No apology for its appearance is called for—it is needed. For, although there are already a goodly number of journals devoted to this special department, not one would admit an article discussing homœopathic therapeutics. The value of the latter has been too well demonstrated to warrant its being left out, and the projectors of the new journal deserve the united thanks and support of the friends of homœopathy for this latest addition to our literature. To say that this number gives evidence of able editorship is superfluous—the names of Drs. Geo. S. Norton and Chas. Deady are a sufficient guarantee for that part. The typographical work and paper leaves nothing to be desired on the part of the publisher, and we trust that a liberal financial support from the profession will soon enable him to issue it twelve times a year instead of four. Subscription price, \$4.00 per annum; A. L. Chatterton & Company, 73 Maiden Lane, New York.

CORRESPONDENCE.

ANNOUNCEMENT OF "A MECHANICAL REPERTORY."

To the Editor of THE MEDICAL COUNSELOR:

It will not be possible to acquire facility in the application of homœopathic therapeutics, until we possess a practical method of obtaining a complete knowledge of the relationship which any group of symptoms, including pathological and other conditions bears to the pathogenesis of each and all of the drugs of the *materia medica*.

As a means of accomplishing this, I wish to call attention to the qualifications of the mechanical repertory.

The standard by which this or any other means or method should be judged is its efficiency in enabling us "to obtain the greatest possible result from the least possible investment;" the term "result" being limited to that which is worthy of being our object, and the term "investment" including expenditure of any kind.

The mechanical repertory will quickly and simultaneously show what symptoms of any group are found under each drug; and indicate, without the use of memory-taxing symbols, the different

modifications to which each symptom is subject under whatever drugs it is found, in regard to its severity or prominence; the comparative frequency of its verification or occurrence; its source, whether obtained from cases of poisoning, or from provings with either large or attenuated doses, or from clinical observation only; the time and mode of its occurrence, whether primary or secondary, acute or chronic, or on the right or the left side; and its pathological signification.

The symptoms will be numbered for convenience in keeping records of cases.

It is not to be anticipated that the perfection of this means will render a knowledge of materia medica and therapeutics, and reference to works upon these subjects unnecessary; though it should make their study more interesting and the time spent in their pursuit more profitable.

J. J. FOWLER.

Washington, Mo.

OUR LONDON LETTER.

BRITISH HOMŒOPATHIC SOCIETY.—HON. JOHN BRIGHT'S ILLNESS.—CHRISTMAS IN LONDON.—DEATH OF DR. J. H. NANKIVELL.

To the Editor of THE MEDICAL COUNSELOR:

The Second Ordinary Meeting of the Session was held on Thursday, December 6, 1888.

Dr. Edward Blake read his paper on *Headaches; their Cause and Cure*.

Dr. Blake maintained that pains were probably not experienced below the surface of the brain, and that the brain itself was not able to refer pains to its own substance. He said that it was always possible to localize the pains of headache to certain nerve tracts. Except affections of the occipital nerve, nearly all neuroses of the head affected some branch of the fifth pair. This was especially the case with those neuroses which were reflected from the abdominal viscera.

Dr. Blake first took the lower branch of the fifth—the dental. Chamomilla ϕ , or in low dilution, removes the majority of these cases. Plumbum δ also cured one case with uterine complaint. There was no local treatment.

Infra-trochlear neuralgia indicated glaucoma. Pain behind the eye calls for spigelia or tabacum. Pains in the super-trochlear branch, the commonest of which is that weight felt in cold in the head, yields to nux vomica.

The infra-orbital branch is chiefly affected at its point of exit. It used to be commonly affected when ague was more prevalent.

Chel. maj. ϕ will relieve a large number of cases of "brow ague" on the right side. The drug does not act so rapidly on the left. The left nerve is more closely related to the pelvic organs, as Dr. Ludlam has shown. Ignatia 1x relieves left clavus very rapidly.

The malar bone is supplied by the third and second branches. He has given kalmia and mezereum without effect. In "specific" headaches iodide of potassium is the best remedy. The painful points of periostitis may be painted with camphor.

Actæa is the best remedy in vertical headaches; lachesis if there is heat subjective or objective. In occipital headaches we are concerned with occipital nerves—often due to depressing effects of cardiac stimulants, especially tea. If associated with white stools sanguinaria acts well. Gelsemium has acted well in occipital headache with sleeplessness. Helleborus niger has done good service in cases of occipital headache, dull, persisting pain, with feeling as if water were washing about. He has used it in the 1st centesimal dilution. Dr. Blake read a letter from Dr. Burnett in which he spoke of a case of occipital headache cured by thuja. The headache was attributed by him to what he termed "vaccinosis." Vanadium, said Dr. Burnett, will cure occipital headache, with degenerated arteries. Exercise, abstinence, and copious draughts of cold water are useful curatives in many cases, and account for many of the continental spa cures.

Dr. Blake forbids strong acids, alcohol, and tea; gives hot soups, cocoa, Nichol's "Food of Health." As a temporary local medicine, camphor and chloral rubbed together. If electricity be applied only the slightest current should be employed.

In the discussion several of the speakers disagreed with Dr. Blake as to all, or even most headaches being peripheral—extracranial. Varied experiences with headache medicines were related. One gentleman referred in detail to himself as an example of megrim.

Not less interesting than the meeting on Dec. 6th, was that which was held on Jan. 3d.

Dr. Blackley, Secretary of the Society, read notes on the subject of Diphtheria. His chief aim was to evoke discussion and elicit the opinions of the members on the following points: (1) Isolation, (2) duration of convalescence, (3) prevention and treatment of sequela, (4) local and general treatment. The writer gave his own experience, and that of various authors and writers on the subject. His conclusions, in brief, were as follows: First, he believed thorough isolation to be necessary on account of the alleged infectiousness of the disease; secondly, speaking in general terms, six weeks was a safe period to allow for convalescence—or until all the obvious manifestations of the disease had disappeared; thirdly, for the prevention of sequela, prolonged rest (on account of possible heart mischief), fresh air and good feeding were necessary; fourthly, a few medicines only were alluded to. The most interesting and original contribution—one apparently of no little importance—was the introduction to the Society of bromoform for inhalation. It is a chemical compound similar to chloroform,

bromine replacing the allied halogen. It is a heavy, but volatile liquid, of brownish color, and not offensive odor. It is somewhat anæsthetic in its action and is not objected to by children. Dr. Blackley had administered it with success in some cases. In one severe and apparently hopeless case, in which the disease had spread into the bronchi, the patient recovered after the use of bromoform.

Dr. Dudgeon did not think that diphtheria was as infectious as the paper indicated, and other speakers agreed with him. Dr. Buck commented further on the use of bromoform, which he had administered at Dr. Blackley's suggestion, with success. The usual remedies were discussed, and there was a consensus of opinion that, for a majority of mild cases, merc. biniod. was the best remedy, and for severe asthenic cases merc. cyanid. Many other remedies were alluded to of course. Locally, alcohol, perchloride of iron, sublimed sulphur, etc., were recommended. Several speakers alluded to decaying vegetable matter as a factor in causing the disease, and others mentioned instances of its being conveyed by domestic animals. Dr. E. A. Neatby suggested the use of cocaine as a preventive of heart failure in convalescence. (See Dr. Wilde's Paper to the January number of *Monthly Homœopathic Review*.)

The case of Mr. John Bright, M. P., so well known a character in English political life, has attracted much attention in England. It is specially interesting to us because the patient has been throughout under homœopathic treatment. It is now tolerably well known that Mr. Bright is afflicted with diabetes. He has lately been suffering from pulmonary complications and great prostration; at one time uræmia threatened. The doctors, aided by his wonderful constitution, have pulled the illustrious patient through, although at one time there seemed to be very little hope for him. The last newspaper report is from his son, Mr. J. A. Bright: "My father is steadily improving in health. I am glad to say we hope to see him down stairs again some day—a truly surprising change."

This has been an unusual Christmas tide. Instead of the traditional Christmas weather — clear sky, clear roads and hard frosts we have had either mild, damp days, or a prevailing cold fog. The last day of the year we had one of the worst fogs known in London for some time. These things did not interfere with the usual festivities. One of the most pleasing features of this festive season is the interest taken both by rich and poor to provide entertainment, amusement or pleasure of some kind for the young and for the sick. In hospitals this is especially noticeable, and of hospital wards the children's ward is always most attractive. The decorations of holly, mistletoe and laurel, with bright colored flags and pictures interspersed, and cheerful illumination inspiring the

little ones, even if they cannot read, with hope and peace, form a most pleasing picture. Then they are usually well supplied with dolls, toys, scrap-books, etc., etc., so that except by those very ill or in much pain, sickness is for the time forgotten, their faces brighten, their eyes sparkle, and the joy these tiny fathers and mothers of the men and women of the future manifest, forms an abundant reward to the kind and tender hearts that have planned and perfected their Christmas. Nor are the lower tastes forgotten—roast beef and plum pudding for those who may eat them, complete the English ideal! The London Homœopathic Hospital is not behind the rest. Last night, January 11th, the Christmas celebrations were brought to a close by a concert for the nurses and their friends. It was arranged under the supervision of Dr. Carfrae and Dr. Blackley, the two senior physicians of the institution, and proved a great success.

The homœopathic profession in England has recently lost one of its oldest members, Mr. J. H. Nankivell. He was greatly esteemed by those who knew him both as a physician, a man of wide culture and varied attainments, and as a friend. He retired from active practice some years ago. Dr. Herbert Nankivell, a very well known practitioner and writer, and Dr. Frank Nankivell are his sons, both followers of Hahnemann.

I should be glad to know at what part of the month the COUNSELOR is published, that my letter may reach you at a suitable time. I have mislaid your instructions on this point.

With every good wish for the New Year,

Yours

E. A. NEATBY.

161 Haverstock Hill, London, N. W.

VARIOUS TOPICS.

DR. TAYLOR, in the *British Medical Journal*, details the successful treatment of lupus by the application of the liquor sodii ethylatis. The application once a day for three consecutive days. The scabs in a short time fall off, leaving a perfectly healthy surface.

RHUS AROMATICA, or the fragrant sumach, which grows all through the Northern States, is strongly recommended by French physicians for incontinence of urine in atomic states of the bladder. From ten to fifteen drops of the tincture are given three times a day.

DISINFECTION OF PHYSICIANS' CLOTHING.—A simple and efficient method and one sanctioned by public and local health boards, is to have a closet six feet high, two feet wide, one and one-half

feet deep, in which to place the clothing, having them hung up. In the bottom place a vessel for holding sulphur ($\frac{1}{2}$ oz. by the cubic air space is sufficient), but it is better to use more to make up for leakage. On the sulphur put an ounce of alcohol — not more — so as to prevent the flames from rising too high, although danger of igniting the clothes is obviated by a screen placed just over the sulphur dish. Four hours is usually sufficient, but the clothing may be left over night and worn the next morning without airing. In such case the wearer scents sulphur faintly for some hours, but no one is conscious of the odor. The cost of this closet is about \$13,—*Canada Lancet*.

A NEW REMEDY FOR SYPHILIS.—Dr. Julia F. Convers, of Bogota, gives the following indications for the use of *Jacaranda-Gualandai* in syphilitic affections:

Head.—Vertigo on rising after stooping, with momentary loss of sight, sensation of heaviness in forehead, weakness of memory, inability to study.

Eyes.—Pains and Inflammation, with redness more marked in left eye. Sensation of sand or forcing body in both eyes. Ophthalmia begins in left eye; lachrymation and agglutination of eyelids at night; weakness of sight; syphilitic — like ophthalmia.

Stools.—Diarrhœa, with dark mulberry-colored stools, without pain or tenseness, but with mucus.

Urinary and Sexual Organs.—Urine increased; pain in penis; blennorrhagia, with discharge which stains the linen of a dirty yellow color; chancroids.

Throat.—Pain and burning in larynx, when laughing or reading aloud; small vesicles in pharynx.

Back.—Weakness of lumbar region; acts on head first, then intestines and eyes.

MEMORANDA.

The *International Journal of Surgery* has been changed to a monthly.

The sixth annual announcement of the Hahnemann Hospital College, of San Francisco, has just reached us. It is very tastily gotten up and betokens progress with our friends of the Coast. For information as to course, etc., see advertisement in this journal.

The Royal College of Surgeons, of England, recently passed a vote of censure on Sir Morell Mackenzie for publishing his recent book on the case of the Emperor Frederick. That is right, only

he should have had something more severe. A less prominent man undoubtedly would have been expelled.

The effects of the makers of the much advertised and, thanks to the medical press, the thoroughly exposed "Scotch Oats Essence," were sold in New York recently by sheriff's sale.

Messrs. J. B. Lippincott Company announce to the profession the publication of a "Cyclopædia of the Diseases of Children," medical and surgical, by American, British, and Canadian authors, edited by John M. Keating, M. D., in four imperial octavo volumes; to be sold by subscription only. The first volume will be issued early in April, and the subsequent volumes at short intervals. A thorough knowledge of the diseases of children is a matter of the greatest importance to most physicians; and as this is the only work of the kind that has been published in English, it will be invaluable as a text-book and work of reference for the busy practitioner.

PERSONALS.

Dr. T. F. H. Spreng has removed from Buchanan, Mich., to Sioux City, Iowa.

Mrs. Gov. Leland Stanford has donated \$500 to the Hahnemann Hospital College of San Francisco.

Dr. Mary E. Grady, late assistant to Dr. Bushrod W. James, in Philadelphia, has removed to 436 Monroe St., Brooklyn, N. Y.

Dr. J. N. Eckel has resigned as President of the Board of Directors of the Hahnemann Hospital College, San Francisco, and Dr. Albertson has been elected in his stead.

Professor H. R. Arndt is expected home from California by the time this issue is in the hands of our readers. Mrs. Arndt will be obliged to tarry some months longer in the sunny State, not daring as yet to face the fickle weather of Michigan.

Dr. E. F. Storke, of Milwaukee, is editor of the revived *Medical Current*. If the Doctor is a novice, he takes hold with the hand of a literary genius. Our friends in Wisconsin need some one to stir them up, and with so masterly a hand to guide it, we trust the *Current* will flow swiftly and constantly in the right direction, till the good work has been accomplished.

Dr. Phil Porter, so long a prominent figure in the homœopathic profession in our State, has finally taken the step foreshadowed by his acceptance of the chair of Gynecology and Obstetrics in Pulte College, and has located permanently in Cincinnati. It is announced, also, that he has resigned the editorship of the *Homœopathic Journal of Obstetrics*, on account of sickness. In this he has the warmest sympathy of his many friends, and their best wishes for his speedy restoration to health.

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WHOLE No. 200

ARTICLES IN MEDICINE.

—
CINNAMONUM.

BY PROFESSOR E. M. HALE, M. D., CHICAGO, ILLINOIS.

The medical history of cinnamon is similar to that of many drugs: once held in high esteem and afterwards dropped out of the officinal list.

It is, however, a curious fact that long after a drug has been relegated to disuse, the public continue to believe in its virtues.

For many years I have observed that old nurses and others have great confidence in the hæmostatic powers of cinnamon. I have known mid-wives to give a strong decoction in post-partem hæmorrhage, and flooding during miscarriage, and with apparent good results. On being consulted by girls for amenorrhœa they have informed me that they first caused the suppression of the menses by eating freely of the bark, or drinking cinnamon tea. I find on enquiring that it is a common habit among girls to check the flow of the menses by this means when they desire to go to a dance.

In schools where there are many young ladies, there are always a large number of girls addicted to the habit of eating cinnamon. These girls are soon noticed to become pale, chlorotic, and the menses become pale and scanty.

I have known cinnamon to be used successfully for hæmoptysis, and have seen a decoction given for dysentery,

with the effect of notably increasing the amount of blood in the discharges.

Many physicians of the old school assert that when the tincture of cinnamon is combined with equal parts of tincture of ergot it is more efficacious in hæmorrhage than any other medicine.

My personal experience is that it is an analogue of erigeron, trillium, turpentine, and ustilago.

"In Germany," says Stille, "cinnamon has long been regarded as peculiarly adapted to control uterine hæmorrhages and to promote contraction of the distended uterus. Van Swieten asserts that he found the tincture useful in the former; and Pleuck says that he had very frequently used it in these affections, during as well as after labor, and in the non-gravid state, and that he believed it to be as really a specific for uterine hæmorrhage as cinchona is for ague. Mursinna, also, while he disapproves of its use during pregnancy, attributes to it the greatest efficacy during labor, and when hæmorrhage depends upon atony of the uterus. Richter, speaking of the general esteem in which the medicine is held, says that no sooner does uterine hæmorrhage become excessive and produce exhaustion, or even threaten life, whether it be from profuse menstruation or during pregnancy or labor or after delivery, it is customary to have recourse to cinnamon. He, however, would restrict its use to atonic hæmorrhage in the non-gravid state, and those depending upon a flaccid state of the uterus after delivery, and he affirms that it is especially serviceable on account of its property of promoting contractions of the uterus. Sundelin furnishes precisely the same account, and Vogt does not suggest a doubt of its accuracy, but more recent writers, as Clarus and Oesterlen, appear to be sceptical on the subject. Yet Werber more recently presents as favorable an opinion as any before him of its efficacy in arresting uterine hæmorrhage and promoting uterine contraction. In England, although less known, tincture of cinnamon was recommended by Dr. Gooch as one of the ingredients of a mixture in menorrhagia; Dr. Rigby places cinnamon in the same group with ergot and borax; and more recently Dr. Tanner found it useful in moderating the menstrual discharge in cases

which did not appear to depend either upon plethora, anæmia, or uterine organic disease. He also found that it seemed to increase the severity and rapidity of the pains of labor, and to diminish the loss of blood. More recently still M. Teissier has furnished an equally favorable account of the hæmostatic virtues of the medicine.

“After referring to its successful employment by Schmidtman, Frank and Gendrin, he states that in menorrhagia depending upon chlorosis or anæmia it is superior to all other hæmostatics when administered during a few days preceding the menstrual period; that in hæmorrhage preceding, accompanying or following labor in women of lax tissue and feeble circulation, and who are subject to irregular menstruation and chronic leucorrhœa, he has found it of decided advantage, and finally that it is one of the best means of moderating the exhaustive hæmorrhages caused by cancer of the womb. These various testimonials appear to leave no doubt in regard to the reality of the virtues claimed for cinnamon; and while it would be irrational to give it the precedence of ergot and of ergotine in the several conditions alluded to, it possesses advantages as a stimulant which render it more peculiarly appropriate in those cases for which iron is the more certain but less prompt constitutional remedy.”

We have no provings of this drug, but many of our school have great confidence in its virtues.

Dr. T. F. Allen speaks very highly of its cure in all active, arterial hæmorrhages.

Perhaps one reason why it has fallen into disuse, is that the true cinnamon of Ceylon is rarely procured. That which goes under the name of cinnamon, is the bark of the *cassia*, and the oil made from this bark is sold under the name of oil of cinnamon. The true oil of Ceylon cinnamon is very rare, and brings an enormous price, from four to five dollars an ounce. It has lately been discovered that the true oil of cinnamon is nearly equal to mercury chloride in its destructive power on microbes of all kinds. If so its use should be extended in this direction, for it is much safer than mercury.

ON APIS MELLIFICA.*

BY THOMAS NICHOL, M. D., LL. D., D. C. L., MONTREAL, CANADA.

Apis is a leading but much neglected remedy in cerebro-spinal meningitis, one, too, with definite indications, easy of recognition. The cerebral pains are violent, stinging and burning, aggravated by lying down, ameliorated, at least for a time, by firm pressure with the hands; stabbing pains in the occiput, with vertigo, are complained of by adults and the older children, who also say that the brain feels tired—indeed, great mental and physical prostration are always present when apis mellifica is indicated. Constantine Hering emphasizes the symptom, “great pain in the occiput,” and also gives us the indication “inability to hold the head erect.” The back of the neck is painful and stiff. The face is swollen and cedematous. Vision is dull. Respiration is rapid and spasmodic, and apparently painful, and it is aggravated by the recumbent posture and ameliorated by the upright, especially when inhaling fresh air. The patient at times feels as if he would not be able to breathe again, and I have been led to look upon this parietic condition of the pulmonary nerves as a leading indication for apis in this disease; sleep is disturbed by the oppressed respiration and also by disagreeable dreams. The pulse is very variable, often intermittent, always irregular. Urine is scanty or altogether suppressed, and the lower limbs swell at an advanced stage of the disease. When this takes place a sudden prostration of the vital forces is very apt to follow. Even then apis is often victorious.

The late Dr. J. H. P. Frost—one of the brightest minds of the stately American homœopathic school—commenting on the uses of this remedy in cerebro-spinal meningitis, remarks: “The direct pathogenesis of apis presents neither the convulsions nor the spots which characterize cerebro-spinal meningitis; but it has the violent headache and all the paralytic symptoms which result from the serous or other exudation of the advanced stage of this disease.”

Dr. Frost continues: “The apis seems to produce serous rather than plastic exudations; but when indicated by its

*Continued from page 5.

dynamic subjective symptoms, it will always do good, and we can see when the remedy is called for, during the life of our patients, by means of these dynamic symptoms; while, if we were to rely upon the demonstration of the exact pathological condition (the nature of the exudation as serous or pseudo-membranous), we should be obliged to postpone prescribing till after we had made a post-mortem examination of the subject."

Here Dr. Frost seems to think that the effusion of cerebro-spinal meningitis is always plastic, but, in reality, it is first serous, either pure or mingled with mucus, afterwards fibrous, and later still purulent. Thus von Ziemssen, who has had great experience in this disease says, "Where free exudation is present in the subarachnoid space, it appears after an illness of from one to two days, as a slightly cloudy mucous serum, or as a yellowish, whey-like exudation." And again: "In the majority of cases, especially those which are protracted, the ventricles contain considerable serum or a turbid, perhaps purely purulent exudation; the plexus and the ependyma are much injected, even ecchymosed, and covered with a layer of fibrinous-pus."

So that we may say that the essence of the remedy hugs the essence of the disease — a true *simillimum* extending from the external symptoms to the innermost pathological anatomy.

Belladonna is the remedy that comes nearest to *apis*. The belladonna cerebro-spinal meningitis develops suddenly; the *apis* slowly. The delirium of belladonna is furious, and this violent delirium often alternates with coma; the delirium of *apis* is quiet and muttering. Both remedies are indicated by apathy and indifference, but the apathy of *apis* is more marked than that of Belladonna. The Belladonna patient has a swollen, often red face, but the face of the *apis* patient is œdematous and this œdema is quite likely to be pale in hue. The eyes of the belladonna patient are red and swollen; the eyes of the *apis* patient are puffy and œdematous.

These are apparently very slight, even trifling indications, but much of the success of the practitioner of homœopathic medicine depends upon careful observation and comparison.

The diagnosis of the disease is a comparatively easy task, but the diagnosis of the remedy is vastly more difficult. I remember one notable case in which apis and belladonna were almost equally indicated, but the patient, a lad of ten, moaned out that *on closing his eyes, he felt dizzy*. This decided me to give apis, for the belladonna patient, on closing the eyes, *sees visions*. I gave apis and the patient promptly recovered.

Cases of cerebro-spinal meningitis healed with apis are not common in our literature. Dr. Frost tells us that "in a very bad case of spotted fever in a young man — successfully treated by Dr. Williamson some years ago — apis (and also cantharis) were found of great service in relieving the accompanying urinary difficulties," and Professor Arndt in his invaluable edition of Hempel's *Materia Medica and Therapeutics*, remarks that he prescribed it in but one case, when the remedy certainly acted well. I have had occasion to give it quite frequently, but rarely see any good from it unless œdema of the face is present — this seems to be the decisive indication.

As to the dose, Dr. Frost remarks, "In spotted fever, as in other affections of the nervous centres, apis is believed to be far more efficient in the second than in any lower preparation. I have always used the sixth decimal trituration, and my success has been such that I am unwilling to venture on the higher dilutions in such a serious disease.

The most varied forms of headache are included in the therapeutic scope of apis mellifica, and in using it there is the great comfort that the indications are fixed and definite and, moreover, largely objective in their nature.

It is a leading remedy in nervous headaches, especially chronic headaches in highly nervous individuals. The characteristic pain is dull and heavy with occasional sharp pains shooting through the orbit, and, at the same time, there is an almost constant pressive pain in and around the eyes, and these pains are increased by exposure to light. The head feels confused and vertigo is frequently present with heaviness and fullness of the head; indeed a feeling as of too much blood in the brain seems to be kind of keynote in all the cerebral affections curable by this remedy. A kind of wandering restlessness is another key-note.

Puffiness of the scalp and forehead is often present, and few cases are without œdema around the eyes. Even when these objective symptoms are not present the patient often complains that the integuments of the face and head feel stiff.

The pains are usually aggravated by motion or stooping, and they are only temporarily relieved by pressure with the hands. Some relief comes from holding the head and eyes down, and when the attack is relieved the whole head feels tired.

The thirtieth dilution, in repeated doses, seems most efficacious, and when the attacks recur frequently the remedy should be given during the interval.

The congestive headache in which *apis mellifica* is curative is marked by confusion and dizziness of the head, with vertigo, very violent at times; worse when sitting than when walking, and much worse when lying down and closing the eyes. At times the vertigo is accompanied by blindness. Throbbing and painful burning in the temples is almost always present, with heaviness and pressure; sometimes a sudden rush of blood to the head takes place, during which warm, close rooms are perfectly intolerable.

The eyes are red with a feeling of burning, and they are very sensitive to light. The face is red and hot, often swollen around the eyes. The *apis* congestive headache is often distinctly intermittent, and in such cases this remedy takes precedence even of belladonna.

I find the thirtieth in repeated doses to be the most effective, and I have had some excellent cures, largely brought about by using the remedy systematically during the intervals of the attacks.

SHALL WE WEAR GLASSES?

BY HAROLD WILSON, M. D., DETROIT, MICHIGAN.

It is a scientific prediction that the "coming man" will be bald, toothless and spectacled. This will be hard on the barbers and dentists, perhaps, but will give a great impetus to ophthalmology. In this more or less remote future, such an inquiry as that at the head of this article will be no longer pertinent, but just now, while we are in the transition

period, as it were, it is a question not unworthy of consideration. Glasses are thrust upon us from all sides. On the one hand, we have the peripatetic spectacle-vender, who peddles his wares with a keen appreciation of business and a cheerful ignorance of optics, and who usually finds his patients with sufficiently diminished vision to enable him to sell his glasses for many times what they would cost elsewhere, while on the other hand we have the oculist, who, representing the scientific aspect of the matter, determines accurately how far his patient's eyes depart from normal standards, and regarding the eye as an optical instrument purely, makes mathematical calculations of its defects, and their glasses appropriate for their relief. Besides these two factors, we have our jewelry shops, with attractive show cases full of beautiful eye-glasses, spectacles, lorgnettes, miraculous test-plates and astigmatic diagrams, and above all, the tempting legend, "EYES FITTED WITH GLASSES, FREE OF CHARGE." This latter feature is enough to tempt the economy of any man, for who will not go to any length, (even to wearing glasses) so as to get something for nothing. With these influences surrounding us, we almost marvel if the kingdom of spectacles be not already at hand.

It is true that civilization breeds glasses; for as we grow civilized, we grow more learned,— which means we study more, and study means eye-work. With increased use of the eyes comes strain upon these naturally far-sighted organs, so that they need mechanical help from glasses. Besides this, we are growing near-sighted as we become educated, and without the assistance of concave glasses, would grope about in a world of which we could only see the half.

We are thus placed between two fires: from the one side come the aches and pains of eyes over-taxed. It may be easy enough to see, but very hard to look. Near vision is sadly interfered with by what is called asthenopia — a condition once looked upon as an hopeless malady, but which now we know is so often easily cured by glasses. From the other side, come the dangers of near-sightedness. A glance at current medical literature will show something as to what these dangers are. Is it any wonder, then, assailed as we are on all sides by difficulties clamoring for glasses, and by men

anxious to sell and prescribe them, that we so largely seek their help and comfort? Every oculist's record-book will show the often magical effect of glasses properly fitted in the relief of the most diverse suffering. Headaches of all sorts—neuralgia, vertigo, chorea, etc., have yielded to their blandishments, as have so many simple ocular affections. How, then, can we resist them, or why should we wish to do so? In other words, shall we wear glasses? From the optical, or the oculist's standpoint, we certainly ought, while from the patient's standpoint (and he is the one who has to carry these instruments about upon his nose) we quite as certainly ought not, with the single reservation—unless it is necessary.

To reconcile these two opinions is our present business, and probably a theoretical reconciliation is not so very hard. We might say that glasses are to be worn where they will relieve suffering or improve vision, and thus cut the Gordian knot at once. But in practice, there are other things that enter into the problem and modify it. First, we find patients who will not wear glasses under any circumstances. Now it must privately be confessed that sometimes these patients are right in their prejudices, and after some changed conditions of general health, or occupation, or local treatment of one sort or another, they get over their eye troubles and use these organs unassisted with perfect comfort. However, this is not always the case. Then we find patients who get and wear the glasses we prescribe without any relief in consequence of the new thralldom, so that on the whole they might quite as well have never gone into spectacles.

Another class will wear our glasses with benefit for a time, and then lay them aside, doing quite as well without them as with, after the first few weeks or months. And finally there is that largest class of all to which glasses are so great a boon.

It seems to me that oculists are often apt to confuse these various orders of patients and to base the prescription of glasses too frequently upon the refractive condition of the eyes alone. The temptation to routine is strong in every branch of medical practice, and refraction is really so important to the oculist that its value is easily magnified to his eyes.

Here, if anywhere, must his judgment as a physician be called into play, and here he rises above the level of the optician. From what we know of disturbances about the eyes, due to a reflected irritation from some other part of the body, such as the nose, teeth, uterus or ovaries, or to depressed states of the system generally, we ought to look upon our asthenopic cases from a broader standpoint than that of the trial-case or a set of prisms.

We may safely assert that the public in general is not competent to decide this question of spectacle-wearing, neither are our jewellers—and that the oculist is the one who should stand as judge in the matter—and his opinion is valuable, only so far as it is emancipated from the yoke of routine. Here, as elsewhere, each case is to be individualized and treatment based upon no single body of indications if a wider basis can be obtained. The practical answer to our question then seems to be a complex one. Experiment is often the only road toward its solution, and our prettiest theories are sometimes set at naught by the organic oddities of the human system. Perhaps our safest reply is, "No, not unless we have to," and to leave the decision as to the necessities of the case to those competent to decide.

THE TREATMENT OF ABDOMINAL TYPHOID FEVER

By Drs. ZIEMSSSEN AND VOGEL.

Translated by S. LILIENTHAL, M. D., San Francisco, Cal.

Munich is a city where enteric fever used to rage endemically and epidemically, till through the labors of Prof. Pettenkofer sanitary measures were carried out on a large scale, which was followed by a vast improvement. At the military hospital the usual death rate per mille was severe, till Brand's treatment was adopted *in toto* and minutely carried out, so that now restoration is the rule and fatal cases the exception.

Prof. Ziemssen freely admits that the glory for the diminution of the mortality belongs to the *water treatment in the widest sense* (not coldwater treatment), though it must be acknowledged that general improved hygiene (barrack's) and dietetic are also factors for the better state now prevail-

ing. The sick-room and especially the bed of the patient deserve our consideration: a large, quiet, well-ventilated room, he ought to rest on a water-bed, and when possible a second bed to change about. No member of the family ought to be allowed to act as nurse, and the care of the patient ought to be given over to a well-trained nurse. In relation to diet, may be mentioned, that even during the fever, easily digested and easily assimilated albuminoids are allowable, as freshly expressed meat—juicy, of which 150–200 grammes may be given in twenty-four hours (corresponding to 9.12 grs. pure albumen. At Ziemssen's clinic the typhoid patient's diet consists of 91 grs. albumen, 76 grs. fat and 100 grs. carbo-hydrates. The relatively large quantity of albuminous substances is of great benefit to limit organic decomposition and aids reconstruction during convalescence. Calves'-foot jelly with wine is often prescribed.

Medication is only according to special indications. In relation to the treatment with baths, the temperature is taken every two hours in the anus, and two or three minutes suffice. We began with baths of 24–22 R (86–81 F) and fifteen minutes duration; the higher the temperature and the more severe the cerebral manifestations, the cooler must be the water, but never below 14° R. (63.5 F). We especially recommend gradual cooling of the bath. Robust young people might bear a bath of 15° to 14°, but it is not advisable to give it cooler. The more recent the case, the higher the fever, the more robust the constitution, the cooler the water, and *vice versa*; the more advanced the case, the weaker the constitution, the more affected the nervous system, the worse the pulse, the warmer the bath has to be. Adynamic manifestations are no contra-indication to their use, only they must never be below 26° R. (90.5). The number of baths averages three or four in 24 hours, sometimes one or two suffice, in other cases it may need six to eight. Most effective are the baths of 15 to 30 minutes' duration during the remission of temperature.

During reconvalescence the diet must be scrupulously taken care of, and for five days after the first afebrile day nutrition must remain a fluid one, and only very gradually more solid food can be allowed. During this stage, where

the patient thinks only on eating, the diet ought to be daily a varied one. Getting out of bed or reading in bed, neighborly visits, must be strictly interdicted. Even after a mild typhoid fever the patient ought not to be allowed to leave his bed for two weeks after all fever has disappeared; in a grave case he ought to keep his bed for nearly a month before being allowed to rise.

Treatment of a relapse is the same, only milder. Tepid baths suffice and the prognosis is in general favorable.—*Allg. Med. Centr. Zeit.* 99. 88.

ARTICLES IN SURGERY.

THE USE OF ELECTRICITY IN GYNÆCOLOGY.

BY E. LOUISE ORLEMAN, M. D., DETROIT, MICHIGAN.

Until quite recently electricity has been used in a spasmodic fashion, so to speak, and only by a few gynæcologists, the majority not resorting to it at all. A glance at any of the standard treatises on diseases of women proves how little the worth of this agent has been appreciated.

French observers have contributed much on the subject of electro-therapeutics in gynæcology, particularly Apostoli, of Paris, to whom belongs much of the credit for laying the foundation of what may be termed with justice, new methods of applying electricity to the female sexual organs: methods which promise to be valuable adjuncts to our routine measures of treatment of many of the inflammatory and non-inflammatory diseases of woman.

If we mistake not the science and the times, the scientific use of electricity is going to curtail to a considerable extent the sphere of usefulness of many an agent. For instance, the intra-uterine applicator and abdominal section, in case of certain inflammatory affection of the pelvic organs, will grow as markedly infrequent in the future as it has been rather alarmingly frequent in the past.

In my short experience in the profession I have had excellent results with electricity. It is, so to speak, a "helping hand" in gaining my patients' confidence.

I have also had good results in cases of *amenorrhœa*, but

here we have to discriminate. If it is the result of chlorosis, anæmia, or tuberculosis, local application of electricity would be counter-indicated; but in cases of young girls who seem rich in blood and yet the organs seem quiescent,—the so-called atonic amenorrhœa,—electricity, using the negative pole in the region of the ovaries and the positive in the lumbar region, acts as a stimulus and awakens the organs into action.

In *dysmenorrhœa* depending on a neurotic condition, in cases where flow is scanty, general constitutional measures as seem called for by the individual hold unquestionably the first place. Electricity, however, properly utilized, will serve as a valuable adjunct.

In *metrorrhagia* attended with chronic endometritis, or endocervicitis, the positive pole or electrode passed into the uterus will effect a more rapid cure than could be obtained from ordinary measures alone.

In *fibroid tumors*, it is no doubt a valuable agent, but it must be followed up *with persistence* in order to make any progress in the case. A year ago a lady came to me with the following history: She was 37 years of age, had been married eight years, had never been pregnant. For three years she suffered with headache, backache and a great deal of bearing down, especially at the menstrual period; menses were dark and offensive, but regular. She was troubled with a profuse leucorrhœal discharge of an excoriating nature.

Her skin was jaundiced and she had a distressed look.

During the time mentioned she had noticed a gradual increase in size until she was unable to wear any tight-fitting garment or stoop to button her shoes.

On examination I found a severe vaginitis, so severe that I had to desist from making a digital examination. On palpating the abdomen I found a hard nodular mass as large as an infant's head, which I diagnosed fibroid tumor.

I proposed electricity for six months "as a trial," two or three times a week, as she would not consent to an operation. This was agreed upon, so I took her measure, which was 46 inches, to see if we would make any progress.

In March she was able to do her house work, and wear some of her garments which were too small before. The

tumor at this time took on an ovoid shape, and when I applied the electricity which I used *as strong as my patient could possibly bear*, it caused a great deal of sharp pain, lasting from two to three hours after the treatment. I used the negative pole on the abdomen and the positive in the lumbar region until I overcame the vaginitis; after that I used the intra-uterine electrode. At the expiration of six months the tumor had diminished perceptibly, patient only measuring 41 inches.

I am still treating her with electricity, and controlling such symptoms as may arise with the proper remedies.

I am pleased to state that my patient is gaining in health, the tumor is gradually growing smaller and, to all appearance will soon be a thing of the past.

OPHTHALMOLOGICAL NOTES.

BY H. H. CRIPPEN, M. D., SAN DIEGO, CAL.

So little is known of the pathology of keratitis punctata (the descemetitis which some writers endeavor to erect into an entity of disease) that a resume of the latest researches on the subject will be worthy of attention. Dr. Fontan, of Toulon, has had the opportunity of examining two eyes, in which keratitis punctata had been diagnosed before they passed into his hands for microscopical observation. His report on the pathological examination (*Recueil d'ophtalmologie*, No. 11, 1888) occupied ten pages, so that we must necessarily confine ourselves to his resume:

In the anterior chamber, a fibrinous exudation with an anterior translucent zone; on the wall of the anterior chamber some heaps of lymphoid cells of different ages, which constitute the characteristic clinical detail of punctated keratitis. This exudation and these lymphoid cells come from the iris, which is completely infiltrated and is the true focus of the inflammation.

The choroid is affected by a disseminated atrophy and by localized congestions at the border of which there are small detachments of the retina.

The vitreous body is undergoing a conjunctive transformation.

Finally there exists thrombosis of the retinal arteries, as a fact that is as remarkable as it is unexpected in any affection of this kind.

If all the details are united it will be observed that the lymphoid production is limited to the anterior chamber and to the iris, and that no part of the lymphatic spaces, anterior, posterior, or supra-choroidien, contains any traces of cells. It is then not a lymphangitis.

In the posterior segment the processes are more clearly atrophic. But, above all, posteriorly, as in front, there is fibrinous exudation, with obliteration of the vessels or reduction of the vascular territory.

Definitely speaking, then, keratitis punctata is not a keratitis, since the cornea is, of all the membranes of the eye, the one that has suffered the least alteration. Keratitis punctata is only an accessory symptom, and secondary to inflammation of the vascular membranes of the eye.

With regard to the etiology of senile cataract there has been much confusion. Dr. Wecker's idea of the hardening of the lens filaments (*gerontoxon lentis*) progressing beyond a normal status, giving rise thus to their separation and consequent disintegration, has certainly much force; but then after all this is only a pathological statement that loses much of its significance when we must still ask, Why does this process pass the normal bounds? The detection of the nature of the alteration in a tissue is one step, but it is a long way yet to a full explanation of the cause of senile cataract.

As a small contribution to this subject Dr. Schoen, of Leipsic, publishes his researches on the etiology of senile cataract, supporting his ideas by adding the results of his statistics (*Archiv. für Augenheilkunde*, t. XVII).

He first recalls the fact that in order to study the development of the affection it is necessary to observe its beginning. Thus he recommends, to seek for the first signs, to dilate the pupil and to examine by means of the plain mirror. The following conclusions are arrived at:

Senile cataract begins in the region of the equator of the crystalline by fine white punctuations or striæ, and not by fissures.

The central sclerosis of the nucleus never precedes the equatorial opacity. It is then always secondary.

The sclerosis of the nucleus does not appear at the same time as the equatorial cataract, except in those past sixty years of age.

Anterior cortical cataract is added to the equatorial cataract, especially after fifty years of age.

Simple cataract is not a senile manifestation : it is found among young people of twenty or thirty years of age. We should then abandon the name, senile cataract, for the appellation, simple cataract.

Three-fourths of the affected eyes are hypermetropic or astigmatic.

The equatorial cataract begins ordinarily in the horizontal diameter.

The points and striæ visible to the unaided eye correspond exactly to the insertion of the anterior and median fasciculi of the zonule : the microscope confirms the existence of these lesions.

Some of these conclusions lose the significance that the author gives to them from the fact that his observations are not full enough. For instance, the situation of the opacities of the lens, in the very beginning, points directly to an origin in the efforts of accommodation, but more complete statistics, as to the refractive condition of the eyes affected, are required before a decision could be arrived at. Certain it is, however, that in cases of hyperopia or of astigmatism there is a more than normal strain upon the fibres of zonule, and it may be possible to trace the primitive cause of simple cataract to the efforts of accommodation, which, through continued dragging upon the attachments of the fasciculi of the zonule, cause degeneration of epithelium of the lens.

OBSTETRIC APHORISMS.

By PROFESSOR JAMES C. WOOD, M. D., ANN ARBOR, MICHIGAN.

In order to fix in the mind of the student certain cardinal principles pertaining to the MECHANISM OF LABOR, it is my custom, after completing the lectures bearing upon this most important branch of obstetrics—one usually very difficult for students to master—to present the following series of

aphorisms. My effort is simply to give to the student, in a condensed and concise form, facts found in any modern work on obstetrics, and the aphorisms embody all essential points in the mechanism of vertex, face, brows and breach presentations. No student or physician is capable of assuming the responsibilities of an obstetrician without a perfect familiarity with the general principles therein promulgated. Agreeable to the request of the Editor of the COUNSELOR they are presented to its readers, trusting that, *as aphorisms*, some one may find them serviceable in recalling facts once familiar but now forgotten.

The measurements and diametres are taken, largely, from the well-known text book of Lusk, and, in my estimation, are useful only in a *relative* sense. For example, it seems to me unwise to insist upon the student's memorizing any table of measurements of either the foetal head or the maternal pelvis, for in no two instances are these measurements exactly the same. He should, however, remember that the sub-occipito-bregmatic diameter of the foetal head is shorter than the occipito-frontal, and that the movements which the head undergoes in traversing the parturient canal occur in obedience to the well known mechanical law expressed by Pajot.* This and similar information he *must* possess in order to comprehend intelligently the *mechanism of labor*.

APHORISM I. *Vertex presentation* occurs in 97 per cent. of all cases of labor. In it labor is accomplished by a series of acts known as descent, flexion, rotation, external restitution and expulsion of the trunk. Normally, the occiput rotates to the front, the sub-occipito-bregmatic diameter of the foetal head corresponding to the antero-posterior diameter of the pelvic outlet.

APHORISM II. The most dependent part of the foetus *always* rotates to the front. The conditions favoring forward rotation in vertex presentation are (a), flexion; (b), good labor pains; (c), a firm perineum.

APHORISM III. In *occipito-posterior presentation* the fore-

*"When a solid body is contained within another, if the receptacle (contenant) is the seat of alternations of movement or repose, and its surfaces are slippery and slightly angular, the contained body will tend increasingly to accommodate its form and dimensions to the form and capacity of the receptacle." Lusk, p. 181.

head, owing to incomplete flexion, becomes the most dependent part, and therefore rotates to the front, the sub-occipito-bregmatic diameter of the foetal head corresponding to the antero-posterior diameter of the pelvic outlet. Delivery is accomplished by the head swinging backward *under* the pubic arch. Labor is usually tedious and frequently instrumental.

APHORISM IV. *Face presentation* occurs once in every 250 labors. Descent and extension are conjoined, instead of descent and flexion, as in vertex presentation. The chin being the most dependent part, rotates to the front, the cervico-bregmatic diameter of the foetal head corresponding to the antero-posterior diameter of the pelvic outlet. Delivery is accomplished by the mouth, nose, brow, vertex and occiput appearing in succession at the posterior commissure of the vulva. Owing to the greater foetal and maternal mortality, an attempt should be made before the membranes are ruptured to convert, by Shatz's method, a face presentation into a vertex. Failing in this, desist from further mechanical interference unless forceps should be necessary at a later period of labor.

APHORISM V. In *face presentation*, when the chin remains persistently directed toward the sacrum, an attempt should be made to rectify the accident; (a) by pushing the forehead backwards and upwards in order to produce a deep descent of the chin, and make it the most dependent part; (b) by lateral pressure, either with the fingers or the rectis.

APHORISM VI. In *brow presentation* the head occupies a position midway between flexion and extension. Labor is facilitated by the forward rotation of the forehead, the occipito-mental diameter of the foetal head corresponding to the antero-posterior diameter of the pelvic outlet. An attempt should, therefore, always be made to convert it into either a vertex or a face presentation, by properly applied pressure during a pain. Failing in this, spontaneous delivery is possible with the chin presented to the front. In fixed mento-posterior positions, the only artifice by which the life of the child can be saved, consists in bringing down the occiput. If this can not be accomplished, craniotomy is the only recourse.

APHORISM VII. *Breech presentation* occurs once in every sixty labors at term. Normally, the anterior buttock engages under the pubic arch, the chin remains flexed upon the thorax, and the occiput of the aftercoming head rotates to the front. Owing to the large fetal mortality, external version should always be attempted before the waters escape. Failing in this, preserve the bag of waters until dilatation is complete. After the membranes rupture resort to *no traction force* until the life of the fetus is endangered from pressure upon the cord, when delivery should be accomplished at once.

APHORISM VIII. In *breech presentation*, should the occiput rotate posteriorly, spontaneous delivery may occur in either of two ways: (a) If the head remains well flexed the face may sweep under the pubic arch; (b) If the chin becomes extended the occiput may sweep over the perineal body. Instrumental delivery is, however, frequently called for.

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NAPHTHA POISONING IN RUBBER FACTORIES.—In several large factories in Germany, especially in india-rubber factories and establishments for cleaning india-rubber, peculiar morbid symptoms have lately been observed. The faces of many of the girls, who had not left the factory during the day, became flushed and swollen in the evening, and they could not walk steadily. An examination of their clothes and of the work rooms for brandy, opium, etc., yielded no result, till an accident led to the solution of the mystery. In these factories naphtha is used in large quantities, and kept in special boilers closed against the air. The girls had succeeded in getting keys to the boiler valves, and, soon learning the intoxicating effect of naphtha, were in the habit of slinking unobserved to the reservoirs to inhale the poison, which threw them into a state of happy forgetfulness and conjured up a thousand sweet dreams of wealth, splendor, happiness, etc. The secret was revealed by a novice, who made too deep an inhalation and fell into hysterical convulsions.—*Lancet*.

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EDITORIALS.

FACTIOUS HOMŒOPATHS.

The fine perception of the old waiter who, at a medical dinner, when no one else could see any effects from the "lots of wine" which the doctors present were getting outside of, said he thought they were pretty tight already for they were "beginning to agree," is recalled to mind very often by the numerous disagreements, not to call it by a harsher name, for which the medical profession is proverbial. The most recent manifestation of this bellicose disposition that has come to our notice is the hospital difficulty in Rochester, N. Y.

We would scarcely deem it worth while to devote our space to discussing this matter were it not, that what was at first in reality only a local affair, has been made one of general interest and importance by the turbulent spirits composing the dissenting faction.

The Empire State is noted for its many large and active medical societies, and not the least among these is the Monroe County Homœopathic Medical Society. For many years a project has been on foot to establish a homœopathic hospi-

tal in Rochester, the society's headquarters; recently this movement had taken tangible shape, and appeared in a fair way to be realized, as announced in recent issues of the COUNSELOR.

As has been intimated, however, the members of the Society were not all of one heart and one mind, and this, strange to say, became manifest at this interesting and expectant moment. Instead of joining heartily in pushing forward the enterprise which seemed so pregnant with good for homœopathy, six members withdrew from the Society, under the specious plea set forth in the following preamble and resolutions:

WHEREAS, We, the members of the Rochester Hahnemannian Society who are in membership with the Monroe County Homœopathic Medical Society, fully believing in the rules of practice as given in the "Organon" of Samuel Hahnemann, the master, that the fundamental principles therein given, namely, the law of similars, the totality of the symptoms, the single remedy and the dynamic power of the drug, should be the sole foundation upon which we act in practice; and, further, that as legitimate Hahnemannian homœopaths, we disavow all the innovations which have been foisted upon homœopathy by its false practitioners, and, therefore, we repudiate the mixing and alternating of medicines, and disapprove of all local and mechanical applications in non-surgical diseases; and, whereas, the present active membership of the Monroe County Homœopathic Medical Society has heretofore maintained and does still continue a method of practice incompatible with the above principles, and has taken a further departure in assuming a hostile attitude toward the teachings of the founder of homœopathy and his true followers, and compromising their professed principles by endeavoring to reconcile their practice with the teachings of the dominant school; now, therefore, be it

Resolved, That we deem it a duty we owe to the public, and to ourselves, to withdraw from the Monroe County Homœopathic Society, and we hereby tender our resignations.

This was signed by the six disaffected members, Drs. Biegler, Schmitt, Carr, Hoard, Grant and Brownell.

A review of the reasons assigned for the step these gentlemen have taken, will convince any fair-minded person of its un wisdom, to say the least.

Let us weigh these one by one, and see how much there really is in them. First, there is not a homœopathic medical society in this country that does not believe and advo-

cate the fundamental principles, the law of similars, the totality of the symptoms, and the single remedy. "The dynamic power of the drug" then, is the only point of difference, and while many members disbelieve it *in toto*, others are undecided and use the high potencies more or less, and others still are fully committed to this doctrine of *dynamis*. But these dissenters themselves admit that they use drugs in all forms. A committee appointed by them, for the sole purpose of reporting upon their action, said among other things, "We here affirm that the members of the Rochester Hahnemannian Society use potencies varying from the lower, or sometimes even the tincture, to the highest. The third and sixth potencies being often employed. In short, we unhesitatingly place ourselves on record, to the effect that the question of dose has absolutely nothing to do with our having taken the decided step of separating ourselves from the Monroe County Society and its methods." They repudiate the assertion that they employ *only* potencies, but the question at once suggests itself, if a drug is *dynamized* by succussion or trituration, why should these gentlemen descend to the use of *tinctures* in any event? And if a tincture is homœopathic in one case, why is it unhomœopathic in another, or in all?

They say in the preamble that "the dynamic power of the drug should be the sole foundation upon which we act in practice." Does the tincture possess this dynamic power? The simple fact appears to be that these gentlemen, by their own admission, go outside what they are pleased to term the *fundamental principles* of the Organon in prescribing tinctures; in one breath they claim that the dynamized drug should be the sole foundation for practice, and in the next affirm that they use tinctures, and thus violate the rule they themselves have laid down. Out of their own mouths, then, the belief of the overwhelming majority of homœopaths, that dynamization is not homœopathy, is confirmed.

Ruling out "the dynamic power of the drug" as an essential of homœopathy, by the apparent consent of all parties, we find that the other three, the law of similars, the totality of the symptoms, and the single remedy, are endorsed and advocated by the Monroe County Society, and that in these no

reason can be seen for the "decided step" taken by the zealous six.

Then let us look further; for such honorable and pure-minded practitioners as these gentlemen freely admit themselves to be, would do nothing unjustifiable. "We disavow all the innovations which have been foisted upon homœopathy, by its false practitioners, and therefore we repudiate the mixing and alternating of medicines, and disapprove of all local and mechanical applications in non-surgical diseases," are the next reasons assigned.

In the mixing of drugs, providing the Monroe County Society endorses it *officially*, we can see good grounds for dissent. We have many compound drugs in our materia medica, but they can be prescribed homœopathically only after they have been *proved* upon the healthy, and their constant action defined. Two drugs differing entirely in their action on the healthy can scarcely produce identical effects upon the body in disease. In any event where two or more drugs are simply *mixed* together, if good or bad results should follow their administration, it would be impossible to decide which drug was responsible for the effect. The simple remedy is, therefore, the scientific way of prescribing, and the only one from which correct conclusions can be drawn. But we have seen no evidence that the society does anything of this kind; the only thing bearing upon it is the *claim* that one member did so, which seems like a very small hole for even ordinary sized men to crawl through, let alone such *moral* and intellectual giants as we are invited to believe these doctors to be.

In the alternation of drugs, many of our most eminent physicians disagree; one thing is sure, viz., that it renders therapeutic observations unreliable, and is therefore not the best practice. Still we submit that such practice, even if endorsed by a society, would scarcely drive a broad-minded man out of fellowship with it.

It may fairly be presumed, however, that any member might safely gauge his practice according to that of any one of these "Hahnmannian homœopathists." It is therefore with pleasure that we give below a fac-simile of the regular pre-

scription envelope of Dr. Biegler, whose name appears first, last, and always, in everything concerning this wonderful separation of the pure from the impure.

Office Hours, 8 to 9 A. M., 1 to 3 and 7 to 8 P. M.	
DR. BIEGLER.	Prescription No.....
	<i>No</i>
	Dissolve Powders Nos. 1, 2 and 3 in glasses half full of water.
	Give.....teaspoonfull of Nos. 2 and 3 for croupy cough and hoarseness alternately every 2 hours.
	For an attack of Croup, give of Nos. 1, 2 and 3 alternately every half hour, and every fifteen minutes if necessary. When the attack is relieved, give again Nos. 2 and 3 for the remaining hoarseness every 2 hours.
Sunday Office Hours from 1 to 3 P. M.	
	16 North St. Paul St.

Any one who can read, will be able to draw correct conclusions from this, and we may consider this plea disposed of also.

And now as to the last count, local and mechanical applications in non-surgical diseases. What have these to do with medicinal therapeutics? Are not these gentlemen *Hahnemannian* rather than *homœopathic*? They seem to imply that anything outside of the administration of the homœopathic remedy is unhomœopathic, and moreover, that it is unbecoming a homœopath to do anything other than this. It may not demonstrate the truth of similia or the efficacy of the indicated remedy to relieve an attack of gastralgia by applying a hot plate to the epigastrium, but it would be just as comforting to the patient as if it did, and would not involve the homœopathic law.

The question arises as to how homœopathy is concerned in these procedures. Do not these local or mechanical applications largely belong to the domain of surgery, or are they not at least entirely outside that of medicinal therapeutics, and consequently without any bearing whatever upon homœopathy? No one will dispute the advisability of administering remedies at the same time that surgical procedures are being carried on; indeed it is considered of the utmost importance that it should be done. If, then, it is proper to use medicines conjointly with surgical operations

and applications in *surgical* cases, is it not also proper to use surgical procedures—local and mechanical applications—conjointly with medicines in *non-surgical* cases? It is simply the difference between tweedle-dee and tweedle-dum.

Can men ever be brought to agree upon these points? If not, shall these six arrogate to themselves the right to decide for the majority, or shall any other six or dozen sixes decide for the rest? Does the homœopathic law pertain to medicinal therapeutics *simply*, or does it apply also to all departments in medicine, mechanical as well as medicinal? If these gentlemen can show that it does, then there may appear some justification for the rule or ruin policy which they have inaugurated.

They seem also to have forgotten or ignored the scriptural assertion that "a little leaven leaveneth the whole lump." If they are right and the majority wrong, why not remain in the society, and by argument, example and demonstration, convince the majority of their error, and persuade them to adopt the better methods? If they were persecuted by the Monroe County Society, or were not allowed to practice according to their convictions, then there would be some justification; but there appears to be no evidence of this. On the contrary the intolerance seems to be entirely upon the part of the disunionists. Usually intolerance comes from the majority, but in this instance the would-be dictators are the minority.

One thing stands out prominently throughout the whole affair, viz., the pharisaical disposition and expressions of these dogmatists. Their constant prayer appears to be, O Lord, we thank thee that we are not as other men, or even as those Monroe County Society men; and then they recount their negative virtues, each beginning with "we don't" do so and so. We are "legitimate Hahnemannian homœopaths," while these others are "false practitioners, mongrels," etc. They do not hesitate to impugn the motives and honesty of their fellows. They have adhered to one idea, the use of the dynamized drug—probably they have had others—and because forsooth all others do not think and act just as they do, they will have none of them, and henceforth form a little coterie of their own.

They are doubtless enthusiastic and earnest, but that is no

evidence of the correctness of their position. This is an age of reason, and there is no need for martyrs. Dr. Biegler is quoted recently as saying in a very pathetic speech, that the Hahnemannians of Rochester were not a powerful organization, and that "it required a great amount of courage to come out, but the men that did it felt that God was with them," etc., all of which was well calculated to create sympathy and excite enthusiasm, but which will nevertheless weigh very little with thinking men and women, whose conscience impels them to follow the dictates of reason and sound judgment, rather than mere sentiment, or devotion to any person or teacher. Homœopathist is not a good enough designation for them. They need some stronger term to express their devotion to the memory of the Master, hence they call themselves "Hahnemannian homœopathists." The extravagant use of superlatives only weakens the force of expressions, and in the self-applied title of these dissenters, an element of weakness is apparent. It simply implies that they are ready to adhere blindly and without question to any and every opinion of Hahnemann, and to denounce all who dare to think or act for themselves.

The truth and applicability of the homœopathic law, Hahnemann's great discovery, has been confirmed so often that all doubt upon this subject has long since been set at rest. But the same cannot be said of many of the other assertions *attributed* to the Sage of Cœthen. They are still the source of endless question and dispute, as they are likely to be for some time to come. It is therefore no impeachment of a man's honesty or earnestness that he cannot and does not accept these non-essential tenets of homœopathy. It is rather the strongest evidence of his sincerity of purpose and devotion to truth, that he desires to prove all things, more especially those things concerning which the most earnest, candid, and intelligent investigators are in doubt.

Concerning the essentials of homœopathy there is no disagreement among its adherents, and intelligent, practical and progressive men are content to await the developments which time and earnest scientific investigation are sure to bring. In the meantime these differences in views do not

prevent them from working assiduously and harmoniously together to uphold and further the interests of medical science in general, and of homœopathy in particular. It is only those who arrogate to themselves all honesty of purpose and fidelity to principle, that desire to obstruct the wheel of progress, and to elevate themselves by misrepresenting and villifying their fellows.

To an outsider, however, the action of the six Rochester gentlemen savors of something more than a love for truth, or for homœopathy. The fact that this particular time was chosen for their action, and the fact that at the same time they took steps to secure the building of a homœopathic hospital in Rochester "where the principles of pure homœopathy may be put in practice," etc., is a strange coincidence, to say the least. They appealed to the secular press, publishing column after column of matter calculated to place homœopathy in anything but an enviable or true light before the public, and claiming to have the endorsement of the representative men of our school, which is true only in part. Where one leading man commends their course, a hundred deplore it. It is bad policy to wash our dirty linen in public; and although the appeal to the public for donations in aid of the hospital fund would naturally have brought that subject before the people, the airing of private opinions and disagreements was not only unnecessary but reprehensible. Had the participators in this movement designed to injure the cause of homœopathy in their locality, which we are loth to believe, it is difficult to see how they could have adopted a course better calculated to reach that end.

In conclusion, it must be evident to the most casual reader, that the verdict in this case should be "no cause for action." No lover of homœopathy can fail to see that this policy carried out to even a moderate extent would eventually lead to disaster. "United we stand, divided we fall," is a motto never to be lost sight of, if the followers of Hahnemann hope to achieve final success, which means the universal recognition of *similia similibus curantur* as the only working hypothesis in the science of therapeutics.

As indicated at the outset, our object in writing this arti-

cle is not so much to criticise the action of these particular gentlemen, none of whom we have the pleasure of knowing personally, as to deprecate this or any like proceeding in our ranks, and to point out what seems to us the signs of breakers ahead. If this were the only instance in which this mischievous and anarchistic spirit has been displayed, it might be passed over in silence. But it is not. Some years since, a few like spirits fired the first gun in forming what they called the International Hahnemannian Association, and ever since the ill-omened work has gone on. No more valid reasons existed for the first "break" than for this last. All such movements are simply an element of weakness in our body politic, and are a standing menace to the future welfare of homœopathy.

If there ever was a time when homœopathy needed to muster all its forces and to array them in one solid phalanx, it is the present. The whole history of our school shows that when we have suffered defeat it has been because of unjust and discriminative legislation, and throughout the entire country to-day, the enemies of homœopathy are striving by every possible means to secure control of these same weapons for use against us. Wherever homœopathy has had an open field it has flourished like a green bay-tree, and although hampered in many ways in our own country, its growth has been marvellous. If, however, the schemes of its opponents are successful, and unjust discrimination is carried to the extent seen in some other countries, history will surely repeat itself again, and freedom of opinion and practice will be a thing of the past. Those in our own ranks who appear so ready to obstruct and scatter our forces will find when it is too late, that the freedom which they now enjoy, and are so quick to abuse, is secured to them only through the constant vigilance and strenuous efforts of the majority, whose honor and faithfulness they are constantly impeaching. They would get no quarters from our opponents. It may be said that this would be a just retribution, but humanity would be the chief sufferer, hence such an event should be averted if possible.

It is not too late to retrace the ill-advised steps taken by those who practically stand aloof from, if they do not act-

ively oppose, the great body of earnest workers in our school, and it is earnestly and devoutly to be hoped that they will cease henceforth to sow the seeds of dissension, which in the end can only work evil to our cause.

THE WESTBORO (MASS.) INSANE HOSPITAL.

We are indebted to Dr. N. Emmons Paine, the superintendent of the above institution, for a copy of the *Springfield (Mass.) Daily Republican*, containing an article written by a wholly disinterested person (not a homœopath), but one eminently qualified to speak upon the subject. It contains information highly important to the American people, and very gratifying to the friends of homœopathy.

“Among the annual reports of the establishments for the cure or confinement of the insane in New England, that of the Westboro homœopathic hospital is unique. This might be expected from the fact that it is the youngest of them all, and the only one in which homœopathy is the basis and standard of medical treatment; but there are other circumstances which single it out for special remark. During the two years of its existence (it was opened December 6, 1886), it has reported a large and advancing rate of recovery from insanity among its patients, while other New England hospitals generally show a small and declining rate. What makes this the more noticeable at Westboro is the fact that among the 800 persons more or less who were admitted in the first two years, not 400, or less than half, were for the first time admitted to a hospital; while nearly 300 were directly carried to Westboro from other asylums. It is a well-known fact that few recoveries occur among the chronic insane,—those who have been a long time in that state are much less likely to recover than those who are recently attacked. The chances were, therefore, that the new hospital would have fewer recoveries to report than several of the old ones, in proportion to the whole number under treatment. Yet among less than 750 different persons under treatment up to October 1, 1888, at Westboro, 133, or more than one-sixth, were put down as recovered; while at Danvers, among 1500, hardly more than 140 recovered, and at Taunton out of 1150 only 109, and at Worcester among 1400 only 155 recovered. A part of this difference, but not a large part, is explained by the fact that Dr. Paine, of the Westboro hospital, reports the restoration of an inebriate to sobriety as a recovery, which the other superintendents do not. Thus among 628 different patients in the last year, Dr. Paine finds 78 recoveries, of whom 12 were inebriates restored, leaving 66 recoveries from insanity among about 600 patients,—or 11 per cent.

In another respect the Westboro report is peculiar,—the work in pathology which it details, and the operations, successful or otherwise, performed there. This new state hospital seems to be the only one in which pathological work is now made public, and that in which it is pursued with the most zeal. It maintains a special pathologist, and in connection with the instruction there given to a class of medical students from Boston university, it utilizes this pathological work to good advantage.

It (the clinical instruction of students) has the incidental effect of making the resident physicians more observant than they otherwise might be of all the phases in which disease manifests itself in an insane person. This, indeed, is required by the homœopathic system of treatment, and to this, and the diminished use of drugs for sedatives and stimulants, must be ascribed any real increase in the number of recoveries under this system. Its friends claim such an increase ; but only time can determine how justly.

The opening of a new hospital is always costly, and the average weekly cost of each patient is large, until the wards are full and the service well organized. In this respect Westboro compares favorably with the last new hospital previously opened at Danvers. The weekly cost at Danvers for the first broken year was more than \$9 ; for the first full year more than \$5, and for its third year more than \$4. At Westboro the cost of the first broken year was \$5.60 a week, and for the first full year \$4.79. The annual appropriations made by the state, beyond the price of board, were at Danvers for several years \$20,000 or more ; at Westboro this year only \$16,000, and apparently \$15,000 will be enough for 1889. The Westboro buildings prove to be convenient and rather attractive to private patients ; and the management, considering all its difficulties, has been good. Experience will correct what is still defective in the methods there pursued ; and it is the most available place for building a new chronic asylum, when that is needed."

The writer also says that, formerly eleven per cent. of recoveries would be considered small, but that in Massachusetts and in New England generally, for the past ten years the rate of recovery has been much lower than formerly. He shows from actual records covering nine years, why the percentage of cures is less, but still accords exceptional results to the Westboro asylum.

The testimony in regard to other asylums under homœopathic control, is of the same favorable character, and we cannot help thinking how pleasant it must be to the legislature and people of this state, to reflect that a few years since their wishes were disregarded, and the Northern asylum, which they had intended should enjoy the benefit of this

humane and efficient method of treatment, turned over to the barbarous and incompetent drugging of the allopaths.

Recent events in the Eastern Michigan asylum serve to recall this incident, and to intensify the feelings of disappointment and indignation which filled the breasts of a large portion of our people at the time the robbery was committed. If half the details of cruelty recited by the daily papers be true, there is reason for something more than a simple investigation into the management of the latter asylum.

The story of the mutilated bodies of two poor demented sent home to their friends for burial, has excited such pity and horror in the minds of the people, that it is open talk, that some one else should be entrusted with the treatment and care of these poor unfortunates. The attendants admit having killed one of them, and the death of the other is imputed to the asylum authorities.

By hook or crook, our allopathic friends secure control of nearly all state and national institutions. Nevertheless, private bounty, and in a few instances legislatures have placed asylums or prisons under homœopathic control, and in every instance their wisdom in so doing has been demonstrated. Even in our own state, Dr. Long has shown beyond all question the superiority of homœopathic treatment for the insane, and that among the very worst class of patients, the insane criminals at Ionia. We venture to say that he would make a far better showing were he placed in charge of the Eastern asylum. The present legislature could in this way express their condemnation of the Northern asylum steal, and while conferring an untold benefit upon the afflicted inmates, experience the gratitude of many sorrowing people whose grief is made unbearable by the knowledge that their insane friends are under old school treatment.

BUREAU OF CLINICAL MEDICINE, A. I. H.

In another column will be found a letter from Dr. Dudley, concerning the A. I. H. meeting. It was unavoidably left over from February issue, and at that time the secretary had not heard from the Bureau of Clinical Medicine, simply because its plans were not then perfected. In December it

became apparent that for various reasons another subject must be selected. "Pneumonia" was decided on, and the various members of the bureau were each assigned a department of the work. Each has replied that he would engage most heartily in the task, and as all are men prominent in the profession, it is safe to say that the bureau report will be second to none, in interest and importance.

In addition to the members already announced, Dr. S. Lillenthal will contribute a paper upon the subject first proposed, "The Clinical Uses of the Iodine Salts," and it is needless to say it will be valuable. One or two others also have promised something upon this topic.

It is very desirous that the work be made as practical as possible, and to this end the writer, as chairman of the bureau, will be very glad to receive from any of our readers or friends the results of their experience in connection with either of the topics to be discussed by the bureau. Any peculiar fact noticed in your practice may aid us in our work, and will be duly credited to you. Send them along *promptly* that they may be incorporated in the report.

BOOK REVIEWS.

PRACTICAL ELECTRO-THERAPEUTICS. By William F. Hutchinson, M. D. Philadelphia: Records, McMullen & Co., Limited 1888.

Plenty of books already exist upon this subject, but the difficulty is that they are too technical for the general practitioner to make use of. They are all right for a specialist in a large city, who can afford to devote his whole life to this one department of therapeutics, but the ordinary busy practitioner cannot and will not take time to master the chapters on electro-physics and electro-physiology, and the technique of the elaborate machines described in their pages. If it were absolutely necessary it must be done; but it is not, any more than it is necessary to be a thorough chemist in order to prescribe medicines successfully.

For those who do not care to know more than the practical uses of electricity, this little book supplies just what they need. The plain, simple directions as to the apparatus need-

ed—and a small fortune even is not required to get it,—and how to apply it, will enable any physician to make intelligent and efficient use of an agent comparatively little known but capable of great service.

HEADACHE AND ITS MATERIA MEDICA. By B. F. Underwood, M. D. New York: A. L. Chatterton & Co., 1889.

Monographs upon headache are becoming very numerous, but we presume there can scarcely be too many books written upon a subject of such general importance. The author classifies the different forms as follows: 1, Anæmic; 2, hyperæmic; 3, nervous; 4, reflex; 5, rheumatic; 6, toxic; 7, catarrhal. In connection with a purely symptomatic treatise, such an elaborate classification seems scarcely necessary. It will be of aid, however, in connection with preventive or mechanical measures, about which the book has nothing to say. Following the clinical description of the various forms, the remedies are discussed and arranged apparently according to the order of their importance. The last sixty or more pages are devoted to a very complete repertory referring to the type, causes, accessory symptoms, sensations, location, character of pain, aggravations, ameliorations, etc.

A very useful and pleasing feature of the work is the citing of one or more illustrative cases in connection with the discussion of the cerebral therapeutics of each remedy. One thing appears very conspicuous from its absence, viz.: the index. Traversing a city without names to its streets or numbers to its houses may not present great difficulty to one who has grown up with it, but a stranger would be literally "at sea" in it. In this age of books one cannot — if he has anything else to do — be so familiar with each as to be able to turn at once to what he wants to consult. He must have some convenient means of finding a particular point, else the book is practically useless; hence it is a matter of the greatest surprise to us that publishers send out works, however small, with no index.

Nevertheless, there is such a universal feeling of sympathy between practitioners, each having experienced the difficulties to overcome in prescribing for headache, and each being

desirous of profiting by others' failures and successes, that this like other similar works will doubtless attain a wide circulation. The publisher has left nothing to desire on his part, the typography being in keeping with everything emanating from this well-known establishment. Two hundred and twelve pages do not make a large book, but this is so close and compact, that it is a real *multum in parvo*, in type as well as in ideas.

"BELLA-DEMONIA," is the title of a dramatic story, by Selina Dolaro, in *Lippincott's Monthly Magazine* for March. "How I Succeeded in Literature," by Charlotte Adams, is a most amusing thing, and the "Apotheosis of Travel," puts the "annual hegira" of Americans to Europe in a novel, and, to a certain extent, a correct light. The "One Hundred Questions," "Monthly Gossips," "Book-Talk," etc., are also of unusual interest.

THE past, present and future of this great country will be nowhere more vividly portrayed or accurately recorded, a century from now, than in the pages of the *Magazine of American History*. It occupies a place in our literature shared by no other magazine, and no family should be without it. "Historic Homes and Landmarks," the handsomely and profusely illustrated article appearing in the last two numbers, from the pen of the gifted editor, enables one as in no other way to compare pre-revolutionary times with the present. We have in it visual as well as mental pictures of persons and places.

THE *Forum* continues to rank among the foremost magazines of our country. Its success has been marvellous, having reached a profitable basis before the end of its third year. A very good evidence of the reliability and scope of its articles is seen in the fact that, during 1888, more than 3,000 editorial articles based on the contents of the *Forum*, were published in the American and English papers. Volume *seven* begins with the March number, an excellent time to subscribe. "How Society Reforms Itself," "The Bible in the Public Schools," "Dreams as Related to Literature," "The Future of the Negro," and "Darwin's Brilliant Fallacy," are

among the contents for this number, any one of which is worth the price of the number. The Forum Pub. Co., 253 Fifth avenue. \$5.00 a year; 50 cents a number.

WE take pleasure in recommending to our German readers the new medical journal, *Medicinische Monatsschrift*, published in New York, edited by Dr. A. Seibert. Address, Medical Monthly Pub. Co., 17-27 Vandewater street, New York City.

THE *London Lancet* (American reprint) is the largest, and at the same time one of the best medical journals in this country, and only costs \$4.00; English edition, \$8.00 a year. Monthly, 112 pages. Address the Lancet Publishing Co., 540 Pearl street, New York.

THE *Century* was never more interesting nor valuable than in '89. A generous but judicious mixture of history, travel, science, art, political economy, sociology, religion, the drama, poetry, etc., impels one to read the current number with avidity and despatch, re-read it, and long for the appearance of the next. The Century Co., 33 East 17th street, New York. \$4.00 a year; 35 cents per number.

DR. ANDREW D. WHITE furnishes a second article on "Demoniacal Possession and Insanity," for the March *Popular Science Monthly*, which sets forth in a most graphic manner the history of mental diseases in connection with monastic and convent life. He shows how churches formerly vied with each other in vexing these poor victims, and how finally medical science introduced humane treatment and drove back superstition from this part of the field.

You can get a dollar's worth for fifty cents! How? By sending fifty cents for a year's subscription to the new Washington illustrated family journal, *The Home Magazine*, edited by Mrs. John A. Logan. First number contains article on Washington entertainments by Mrs. Logan; poem by James Whitcomb Riley; sketches and portraits of Mrs. Cleveland, Mrs. Harrison, Mrs. Morton, and Mrs. Thurman. Agents wanted. The Brodix Pub. Co., Washington, D. C.

CORRESPONDENCE.

CANADIAN INSTITUTE OF HOMŒOPATHY.

DEAR DOCTOR:—The next meeting of the Canadian Institute of Homœopathy will be held at London, Ont., on Monday, June 24, (evening session), and June 25, (morning and afternoon sessions).

Those of the members who kindly contributed "Papers" to the different Bureaus last year (as well as those who did not do so) are specially requested to favor the Institute this year by sending to the Secretary an early notice of those subjects they intend taking up, and thus aid our efforts put forth to further the interests of the Institute and the advancement of Homœopathy in Canada.

Papers may be contributed to any of the following Bureaus, viz: Clinical Medicine, Materia Medica, Surgery, Gynæcology, Obstetrics, Pathology, Ophthalmology, Otology, Psychology, Sanitary Science and Hygiene. R. HEARN, Sec'y-Treas.

TORONTO, March 7, '89.

THE INSTITUTE SESSION OF 1889.

EDITOR MEDICAL COUNSELOR:—As a further announcement respecting the Institute Session, 1889, I have to report as follows:

The Bureau of Surgery has received assurances of aid from a number of our distinguished surgeons, and will present a series of papers on "Surgery of the Brain," including Cerebral Localization; Symptoms of Cerebral Tumor—its Diagnosis and Treatment; Abscess; Gunshot Wounds; Tumors of the Dura Mater; Compound and Depressed Fractures; Epilepsy from Fractures, and Indications for Trephining.

The Bureau of Pædology has promise of active aid from several co-workers in that department, and is encouraged with prospects of a good report on "Preventive Medicine" in Pædology.

The Bureau of Obstetrics is engaged on a report which will embrace nine papers relating to "Puerperal Complications." All these papers are to be the work of well known obstetricians.

Encouraging reports are being received from individual members of the Bureaus of Clinical Medicine, Sanitary Science, Ophthalmology and Gynæcology.

The Committee on Medical Education will present a careful report, embodying the views and suggestions of its various members. There will be no separate papers.

Notice is also given that as the chairman of the Committee on Pharmacy has resigned—involving also his withdrawal from the Committee on Organization of Provers' Clubs,—the President has appointed as chairman of these committees, Drs. T. F. Allen, of New York, on the former, and C. Wesselhøft, of Boston, on the latter. Those having business with these committees should note the change.

PEMBERTON DUDLEY, General Secretary.

REPORTS OF SOCIETIES.

NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

The thirty-eighth annual session of the Homœopathic Medical Society of the State of New York was held in the Common Council Chamber of the City Hall, Albany, on February 12th and 13th, 1889. The morning session was opened with prayer by the Rev. S. V. Leech, after which Professor W. T. Helmuth, the President of the Society, delivered his annual address. He said in substance: The questions to be discussed embrace among others that important one of State medical legislation and our proper recognition as a medical body. What is demanded by us of our legislature is that it inquire into our social and medical standing, examine our hospital reports, let it look into our college examinations, test the capabilities of our teachers and examine the results of our practice, and I am convinced that we will be awarded what we deem fit to ask in this important matter.

A Homœopathic Examining Board is not demanded as a means of dividing the profession, but for the preservation of public health and the protection of the people from the inroads of quacks and charlatans, and to protect our own graduates by securing to them fair and impartial examinations.

The address was accepted and referred to a committee of three.

The committee on Legislation reported through the chairman, Dr. J. L. Moffatt, of Brooklyn.

"He expressed approval of a bill recently introduced into the legislature by Senator Dean, making the sale of tobacco to boys illegal.

In regard to the bill providing for a single Board of Medical Examiners, the committee denounce it as a flagrant partisan measure in the interest of the old school, an insidious infringement on the rights of the minority, and recommend the adoption of a preamble and resolutions ending as follows:

Resolved, That the proposed legislation to secure a single State Examining Board, being put forward by one part of the medical profession without consulting the others, and with the freely expressed purpose of destroying the individuality of the different schools of medicine, constitutes an attempt at effecting class legislation of the most objectionable form.

Resolved, That separate Boards of Medical Examiners, under the Regents of the University, a non-sectarian and non-professional body, afford the only plan for State licensing consistent with the avowed policy of the State, and is the only measure which can guarantee protection to the vested rights of the three systems of medicine."

The committee on Medical Education, through Dr. A. R. Wright,

reported that in their opinion more care should be exercised by preceptors in admitting students to their offices, and should see to it that students have received the necessary preliminary education before recommending them to take up their medical studies.

The Bureau of Laryngology then reported.

Dr. F. Parke Lewis reported a case of hæmorrhage following tonsillotomy.

Dr. W. M. L. Fiske, of Brooklyn, opened the discussion on Dr. Lewis's paper. He said, severe hæmorrhage might be the result of the action of cocaine on the capillaries. He had noticed where cocaine was used the hæmorrhage was greater in any minor operations.

Dr. M. O. Terry thought that excision was unnecessary in simple hypertrophy, but might be indicated when there was degeneration. He had never met with hæmorrhage after removal.

Dr. Geo. M. Dillow asked if there was any possibility of the patient having been a "bleeder."

Dr. Lewis replied that he could find no evidence of that being the case.

Dr. Dillow said that he had never met with a case of hæmorrhage following tonsillotomy. During the past year he had operated on many cases with the galvano-cautery. He found that after inserting the galvano-cautery point and allowing it to burn the tissues a little, the tonsil will shrink. He had operated only on those in whom the lymph tissues were hypertrophied, and had not tried the treatment on the fibroid type.

In the case of a boy with marked hæmorrhagic tendency the tonsils were removed without any hæmorrhage whatever. He does not use cocaine often in conjunction with the cautery.

Dr. Lewis agreed with Dr. Dillow both in conclusions and method, but added that circumstances arose in which this treatment could not be carried out. Regarding the action of cocaine he found that after the operation for cataract and on nasal hypertrophies the hæmorrhage was greater than when chloroform or ether had been used.

Dr. Wm. Tod Helmuth spoke of the vascularity of the tonsils and the relation the hæmorrhage had to the amount removed, also of the use of a paste made of quicklime and potassa fusa, equal parts, made to the consistency of cream with alcohol, and applied on the tonsil with a spatula over the tongue, for protection. The paste is allowed to remain ten minutes and then washed off, the patient keeping his mouth open for the time.

A paper by Dr. L. A. Bull, of Buffalo, on Ethmoiditis, was then read, after which the report of the Bureau closed.

Dr. M. W. Van Denburg then presented the report of the Bureau of *Materia Medica*. All of which, excepting that of Dr. F. F. Baird, were read by title and referred for publication. It embraced

the following papers: "The Effects of Belladonna on the Respiration and Circulation" by Dr. J. B. Garrison; "Belladonna in Diseases of the Throat," by Dr. W. T. Laird; "The Action of Belladonna on the Urinary System and the Male Sexual Organs," by Dr. G. R. Stearns; "The Action of Belladonna on the Skin and Glandular System," by Dr. A. B. Kinne; "Bromine," by Dr. H. M. Dearborn; and "The Physiological Action of Belladonna," by Dr. F. F. Laird.

Dr. M. W. Van Denburg then called attention of the Society to the work being done by Drs. Wesselhoeft and Sutherland, of Boston. The speaker thought the method advocated would eliminate too many genuine symptoms of danger which would appear in some patients and not in others.

Dr. J. L. Moffatt then read some provings of ferrum phos., of Schüssler.

This closed the report of the Bureau.

Dr. T. M. Strong then presented the report of the Bureau of Clinical Medicine.

Dr. N. B. Covert then read a paper on the effect of Reflexes in the Causation of Functional Nervous Diseases. In this paper were presented several cases of functional nervous diseases, in which the removal of the causes of local irritation had cured serious symptoms.

Case I.—Was that of a child in whom inflammation of the kidneys complicated with convulsions due to worms had been diagnosed. Removal of the prepuce cured the case.

Case II.—A boy was nervous and irritable and had enuresis, was pale and sickly. Circumcision of an elongated and adherent prepuce was followed by prompt recovery.

Case III.—A boy always nervous and troublesome even when an infant, had been growing worse and showed signs of chorea; no hereditary trouble. A ribbon shaped bridge across the meatus was discovered. This was divided and the case recovered.

Case IV.—A young man suffering from urethral irritation and contracted meatus, became despondent and nervous. Division of the meatus and the passage of sounds cured the case.

Case V.—A young lady had pain in the eyes for three years. She now suffers from persistent vomiting, headache extending to the occiput, eyeballs sore and painful, cannot bear a bright light and wants to be alone. She had myopic astigmatism. Proper glasses prescribed, with immediate relief to the vomiting.

Dr. E. H. Wolcott said he had frequently relieved genital irritation by simply stretching the prepuce and breaking up the adhesions.

Dr. A. M. Cushing had used nitrite of amyl as an anæsthetic, with good results. In a case of pregnancy with a vaginismus inhalations had given great relief. Bromide of arsenic 6x in acne and

apocynum and androsemifolium in renal calculi, had given him good results. He also cited a case of epilepsy, of years' standing, in which he had prevented the attacks with 25-grain doses of sulphonal, given at the time the convulsions generally appeared.

Dr. E. N. Spoor said he had used nitrite of amyl in a case of convulsions in a lady, with good recovery.

Dr. W. H. Nickleson said he had used it in a case of cardiac asthma, and found it a failure.

Dr. E. H. Wolcott said he had met with indifferent success in the treatment of acne, and hailed the suggestion of bromide of arsenic with pleasure.

A paper by Dr. J. W. Candel, of Syracuse, on "Vaccination" was read by Dr. T. M. Strong.

Dr. M. O. Terry thought the abatement of small-pox was due mostly to better hygienic conditions.

Dr. F. Park Lewis touched upon the harm occasionally resulting from the poison, and instanced a case of scrofulous ophthalmia which had been controlled, in which vaccination renewed the condition with increased virulence.

Dr. F. L. Vincent was opposed to the use of the scab in vaccination. Those points were best which were free from blood.

Dr. J. L. Moffatt said it was important that the heifer should be in perfect health from which the virus was taken, and thought much trouble arose from irritation of the sore from non-protection.

Dr. W. M. L. Fiske had never observed bad effects from vaccination except in scrofulous children, and that the harm done in one case completely overshadowed the good in ten thousand others.

The Bureau of Surgery then reported through the chairman, Dr. S. F. Wilcox.

Dr. M. O. Terry read a paper on Injuries of the Shoulder Joint, and emphasized the importance of rest in these cases.

Dr. J. M. Lee reported a case of tubo-ovariotomy in which melancholia and suicidal mania with facial paralysis had been cured by the operation.

Dr. S. F. Wilcox read a paper on the Treatment of Hip-Joint Disease.

Dr. DeWitt G. Wilcox then read a paper on Strumous and Traumatic Synovitis of the Knee-Joint.

The society then proceeded to the discussion of the report of the Bureau of Surgery.

Dr. Lee on being asked what the pathological lesion in the ovaries was, said the left ovary was inflamed and the broad ligament had undergone papillomatous degeneration.

Dr. O. M. Terry thought the aspiration of the knee, as advocated by Dr. Wilcox, to be a safe procedure.

Dr. S. F. Wilcox said that loose joints often followed the sub-

sidence of the effusion. He spoke of the injection of phenic acid into the joint to decrease the size, of the benefit of hot and cold applications, plaster-paris splint, and massage and galvanism in chronic cases.

Dr. J. L. Moffatt asked if six weeks was not long enough for a patient to be under treatment for synovitis, and if faradism was not better than galvanism.

Dr. Wilcox replied that galvanism had succeeded where faradism failed.

Dr. J. M. Lee said the simple variety may be cured in six weeks, but when complicated by pus formation, ankylosis was the best result to be hoped for; also the effusion of blood rendered the case tedious.

Dr. E. H. Wolcott then presented the report of the Bureau of Obstetrics.

Dr. Sarah A. Lee read the first paper, entitled, "Can Laceration of the Perineum be Prevented." The essayist thought imperfect sexual hygiene responsible for many of the difficulties occurring to women during pregnancy and parturition.

Dr. J. W. Sheldon next read a paper on "Clinical Experience with Albuminuria of Pregnancy."

The Chairman also presented a paper by Dr. M. Belle Brown, which he read in abstract.

Dr. G. B. Peck's paper on American vs. European Obstetrics, owing to the lateness of the hour, was read by title. Society adjourned until the following morning.

SECOND DAY.—The Bureau of Mental and Nervous Diseases announced that it had no papers to report.

The Secretary read a paper by Dr. W. S. Scode, entitled "Coincidences in Medical Practice."

The President then called for discussion on the report of the Bureau of Obstetrics.

Dr. J. M. Lee responded.

Dr. A. R. Wright, Chairman of the Committee on High Potencies, presented a report.

Dr. H. M. Paine also presented a supplementary report, in which was analyzed the reports of a large number of reported cures from these preparations.

Dr. G. E. Gorham offered a resolution designed to shut off future discussion of the potency question. This resolution was amended so as to provide for mention of the potency used in the case reported, but prohibiting positively any discussion on the potency used, except by special permission of the Society.

The Society then proceeded to hold its annual election, which resulted as follows: President, Dr. H. M. Dayfoot, of Rochester; Vice-Presidents, Drs. F. F. Laird, of Utica, J. T. Greenleaf, of Oswego, and S. F. Wilcox, of New York; Secretary, Dr. J. L. Mof-

fatt, of Brooklyn; Treasurer, Dr. A. B. Norton, of New York; and Necrologist, Dr. A. R. Wright, of Buffalo.

Rochester was selected as the place for holding the next regular meeting.

The following chairmen of Bureaus were announced: Surgery, S. F. Wilcox; Clinical Medicine, J. M. Schley; Materia Medica, F. F. Laird; Gynecology, J. M. Lee; Ophthalmology, C. C. Boyle; Otology, T. P. Lewis; Mental and Nervous Diseases, F. L. Vincent; Histology, J. W. Dowling, Jr.; Obstetrics, L. L. Danforth; Pædology, J. W. Sheldon; Laryngology, Geo. W. Dillow; Vital Statistics, N. M. Collins; Climatology, G. H. Billings; Legislation, H. M. Paine; Education, E. Hasbrouck.

The report of the Bureau of Gynecology was next called for. Dr. Hamlen read a paper by Dr. J. S. Donaldson, who was absent, on "Essentials to Successful Treatment of Uterine Displacements."

Dr. E. Hasbrouck asked if hot water applied to the vagina produced shriveling of the mucous membrane, as stated in the paper.

Dr. Paine related an instance to show the statement was correct.

Dr. F. L. Vincent asked permission to present a formula stolen from the sanitarium at Clifton Springs, and put on the market as "Orange Blossom Cure." The following is the formula: Alum, 2 lbs.; borax, 1 lb.; caustic potash and powdered opium, of each 1 oz.; lard, 12 ozs., and olive oil, 8 ozs. Heat the oil over a water bath and add the potash, which saponifies the oil, then add the alum, borax and opium. Then add the lard and knead thoroughly, let it stand 24 hours, then knead again; the more kneading the better. It is used in atony of the uterus and vagina and hyperplasia of the uterus. An application is made which forms a coagulated compound with the secretions and comes away in a few days, leaving a perfectly healthy mucous membrane. A soap and water injection is then used and a second application made in 24 hours.

Dr. H. M. Paine did not agree with Dr. Donaldson in his statement that the sound was used too often. He thought the trouble was that doctors did not know how to use it, and advised the use of sponge tents for dilatation in case of spasm of the os uteri, before passing the sound.

Dr. J. S. Barnard asked if, in case of endometritis, would the preparation mentioned by Dr. Vincent do any good.

Dr. Vincent replied that he did not recommend it for endometritis, but would for subinvolution, and would not apply it to the cervical canal unless it was patulous. In connection he used the hot water treatment. He also used the sitz bath, and when the pessary was not contra-indicated he was in the habit of using a tampon of antiseptic wool saturated with a mixture of belladonna and eucalyptus, each one dram to glycerine one ounce.

The report of Bureau of Ophthalmology was then called for.

The first paper presented was by Dr. C. C. Boyle.

A paper by Dr. G. S. Norton, in absence of the author, was read by Dr. A. B. Norton, subject, "The Value of Senega in Affections of the Ocular Muscles."

After receiving the report of some committees and transacting routine business, the Society adjourned until September next.

VARIOUS TOPICS.

ROBINIA IN GASTRIC CANCER.—Among the many remedies overlooked in practice is robinia. It is the only remedy that, in my hands, has ever modified the intensely acid vomiting in cancer of the stomach. In four cases of this disease—diagnosis, confirmed by autopsy—the robinia held this acidity thoroughly in check, and did much to ameliorate the sufferings of the hopeless sick. In many cases of acid dyspepsia it has been highly curative I have used the 3d dilution.—A. D. Fisher, M. D., Institute Transactions, 1888.

THE TREATMENT OF CLUB-FOOT BY IMMEDIATE RESTORATION OF THE PARTS TO THEIR NORMAL POSITIONS AFTER TENOTOMY.—Discussion has lately taken place as to the best and safest method to be used in cases of talipes. Mr. Walshum, as surgeon to the orthopædic department at St. Bartholomew's Hospital, gives his experience. He originally employed the slow method, but was dissatisfied with the delay and difficulty in obtaining the expensive apparatus necessary for this method. By slow degrees he reduced the foot to a greater extent after the operation, and, meeting with no untoward results, finally reduced the deformity immediately. His method is to divide the tendon; break down any adhesions by forcible but gentle wrenchings; close the puncture with a dossil of lint soaked in carbolic oil or iodoform gauze; carefully enclose the foot in a domett or cotton-wool bandage according to the age of the patient, and secure it in plaster of Paris. The plaster is left on for ten days or a fortnight unless any special reason is seen for removing it earlier. He claims for this operation the following advantages over the slow method: (1) Great saving of time; (2) The doing away with the necessity of an expensive extension-apparatus.

The disadvantages attending the rapid, but not applying to the immediate method, are: (1) Considerable pain is often caused by the force which has to be employed in stretching the uniting material at each change of the plaster, and (2) that in severe cases the reparative material cannot always be stretched sufficiently to overcome the deformity, and it is occasionally necessary to divide the tendon.

BLOODLESS METHODS OF TREATING INGROWING NAILS.—Dr. Patin recommends the following procedure for removal of ingrowing toe-nails, which he has employed with excellent results in many cases. After thorough cleansing of the nail, a solution of gutta-percha, ten parts, in eighty parts of chloroform, is applied with a brush to the interstices between the nail and the granulations. This is repeated several times on the first day and subsequently at longer intervals. By exercise of care and patience it will be found that the nail is gradually lifted from the underlying parts, and can then be removed without pain, with the scissors. If a properly fitting shoe be worn, no recurrences need be apprehended. The solution applied in this manner excites a double effect: the chloroform is an anæsthetic, and the gutta-percha acts mechanically, forcing its way between the granulations and the nail, and finally liberating it from its abnormal position.

Another method is described by Dr. Hoffman, as follows: "The toe is first thoroughly washed with an antiseptic solution. A few days of liq. ferri. chloridi are then applied to the granulating surface, the nail slightly raised, and the solution allowed to dry. After two or three days the scab is removed, and the application of the solution is repeated. In a few days the edges of the nail become brittle and can be cut away with a fine scissors or a blunt knife. To prevent a return of the trouble, thin shavings of cork are inserted under the nail border."

SULPHONAL.—Sulphonal appears to retain the position claimed for it as an admirable and harmless hypnotic. One of the few cautions as to its use, by Dr. Schmey in the *Therapeutische Monatshefte* for July, 1888, in arterio-sclerosis seems to have been based on insufficient grounds, for we find that Dr. Müller in the August number of the same journal states that he has used it a number of times in cases of arterio-sclerosis, with so far from having unfavorable results, he has had most satisfactory success. He refers in detail to the case of a man 72 years of age, who for ten years had been confined to bed with a most depressing dyspnœa as the result of arterio-sclerosis. Digitalis produced transient relief of the dyspnœa, but the patient suffered from almost constant insomnia, with, consequently, great reduction in strength. Morphine and chloral produced delirium with great excitement. Dr. Müller gave 15 grains of sulphonal at eight o'clock in the evening, and at eleven o'clock the patient was asleep, and slept quietly the entire night, breathing being normal, and remaining so through the following day. The second night sulphonal was not given and the sleep was disturbed; and the third evening 15 grains of sulphonal were again given, and again long, quiet sleep was produced, while the pulse, respiration, and appetite were greatly improved.

At the meeting of the Psychical Society, of Berlin, held July 10, Dr. Otto-Dalldorf related his experiments as to the hypnotic action of sulphonal in various mental and nervous troubles, it being tested in sixteen cases; of these, eight were cases of senile dementia, four were paralytic women with insomnia and excitement, three had epilepsy with nervous sleeplessness, one paranoia with insomnia. Sulphonal was given in doses of 15 and sometimes 30 grains towards evening or at the close of the afternoon. The results were generally successful, sleep occurring usually about one hour after its administration, and lasting for seven and one-half hours,—while in restless patients even after waking from sleep the condition was much better than before. Unfavorable results were never obtained, and even in continued use of the drug for ten days increase of dose was not required. The author therefore confirms the favorable report of Rabbas, Salgo, Osterreich, and others already alluded to in the *Gazette*. Dr. Otto-Dalldorf (*Deutsche Medicinische Wochenschrift*, August 23, 1888) further publishes observations as to the quieting effect of sulphonal in long-continued conditions of excitement in patients troubled with various mental affections. He has found that in many cases after a single hypnotic dose of sulphonal that, even after the sleep was over, the patient's condition was much calmer and quieter. His experiments in these conditions were made in twenty cases of women: two idiots with continued excitement; four cases of senile periodical mania; four extremely aged cases with great anxiety; four cases of paralysis with excitement; one case of melancholia with excitement; two of hysterical hallucination; three cases of epilepsy. In all cases the condition of excitement was of long duration, and was usually accompanied by insomnia. Sulphonal was given in small doses, $7\frac{1}{2}$ grains, at various intervals during the day, the total amount given varying from forty-five to seventy-five grains in twenty-four hours. As a rule, favorable results were noticed on the first or second day, occasionally sleep was produced even in the daytime,—and at night the sleep, even after the small doses, was as a rule profound and quiet. The favorable effect increased when the sulphonal was given several days in succession. Even when the number of doses was diminished, sleep was prolonged even after its administration ceased. Out of one hundred and twenty days during which sulphonal was given in the above-named cases, many of them highly excitable ones, ninety-five were noted as free from excitement, while the remainder were improved in condition. The most favorable action was seen in the senile cases and paralytics and the epileptics, then in the periodic and idiotic cases, and least in the cases of hysteria. No unfavorable results were observed, although in very few cases nausea, slight vomiting, and diarrhoea were produced, attributable perhaps to the use of the drug. Occasionally

slight dizziness and depression were produced, occurring when forty-five grains were given daily. In these cases ataxia was not present and the knee phenomenon was preserved. Dr. Otto-Dall-dorf advises that at first not more than forty-five grains in doses of $7\frac{1}{2}$ grains at intervals of several hours be given daily, and when a quieting effect is produced to decrease the doses. The drug was given suspended in water, milk, honey, and in capsules. —*Therapeutic Gazette.*

MEMORANDA.

The Board of Health just reports small-pox at Ann Arbor.—If there has been any here, it disappeared long since.

The Connecticut legislature is asked to appropriate \$75,000 for a homœopathic hospital in New Haven.

Persons desiring a good location can hear of something to their advantage by writing the editor of this journal.

By the way, what is being done concerning our State Society meeting? The new hospital now in operation with various other attractions will, doubtless insure a good attendance, and all should come "loaded."

The COUNSELOR for April will be the best number so far this year (how do you like this one?), and every physician not already on our list should secure next month's issue (and all subsequent ones as well) by sending his name in immediately.

The 34th annual session of the Illinois Homœopathic Medical Association will be held at Sterling, Ill., May 14-15. Dr. Charles Gatchell, the president, instead of the usual address will deliver a popular lecture, at the Academy of Music, to an audience of citizens, and members of the society.

The *Chironian* says that seven years ago, in New York, a *regular* student advised a homœopathic student and friend that he was simply throwing time away in studying homœopathy. To-day the former is penniless and will soon give up the profession entirely, while the latter is a promising surgeon of New England, earning \$6,000 a year. "So mote it be!"

Our brethren in Paris are already preparing for the International Homœopathic Congress, next August, and request all intending visitors to address Dr. Marc Jousset, 241 Boulevard, St.

Germain, for further information. The International Exposition, to be held next summer, will add additional attractions.

THREE MONTHS FOR ONE CENT.—Doctor, send a postal card to the *Physician's and Surgeon's Investigator*, Buffalo, N. Y., and receive that bright, newsy journal for three months free.

About this time, it is a good thing for our legislative committee to keep an eye open for the usual biennial attempt to pass a "Medical Examining Board" bill, at Lansing. Several parties are on deck with their guns loaded to the muzzle for that purpose, and it won't be *their* fault if they don't fire them off. So far, the bills proposed deserve no better fate than strangulation.

Homœopaths everywhere, but Michigan homœopaths in particular, are delighted with the election of James McMillan as U. S. Senator, and that he is already extremely popular and honored at Washington, where he went at once to enter upon his duties. The fact of his having given considerably over \$100,000 to build Grace Hospital (Hom.), in Detroit, does not seem to have damaged his political prospects to any serious extent. We only hope that his clear head and open hand may bring him positions of still greater honor and trust for which nature has so eminently fitted him.

The *Southern Journal of Homœopathy* has been purchased by Dr. George G. Clifford, of San Antonio, Texas, who will continue its publication at that place. We note the fact with pleasure, for the South needs a journal, and no other could do as good work for homœopathy as the one which has been for years so closely identified with the profession there. Its present editor is a young man, but one with a good record all the way back, and with the coöperation and support to which he is entitled from his brethren in Dixie, he will keep the *Journal* up to its former high mark. The new editor has our hearty and fraternal good wishes.

The annual meeting of the National Homœopathic Hospital Association was held recently in Washington. Hon. T. F. Bayard, the president, occupied the chair, and Dr. J. B. Curtis acted as secretary *pro tem*. Feeling allusion was made to the death of its former president, Chief Justice Waite, and of Mr. Joseph M. Wilson, its late secretary. Dr. Verdi read the report of the medical staff, showing that 1,814 cases were treated last year, and it is proposed to ask Congress to appropriate \$25,000 to enlarge the building, and \$10,000 to increase the hospital facilities. The profession was well represented at the meeting and a good deal of enthusiasm apparent.

PERSONALS.

Dr. W. E. Reed, of Chicago, has bought the *U. S. Medical Investigator*, and will publish it hereafter from that city.

Dr. W. H. Rand has closed up his business in Charlotte and gone to Wichita, Kansas, to open a practice.

Dr. L. E. Knapp, of Fenton, Mich., has returned from another course of special study in the Post-Graduate School, New York.

Dr. C. M. Watson, of Lansing, recently paid the University a visit, to witness an operation upon a patient of his, in Professor Wood's clinic.

Dr. P. Taylor, of Amity, Oregon, says there are plenty of good openings for homœopaths in his part of the country, and will reply to any enquiries on the subject.

Dr. M. J. Bliem, Professor of Physiology in the Chicago Homœopathic College, will remove to San Antonio, Tex., in the hope that the climate there may benefit his wife, who is threatened with phthisis.

Dr. C. G. Sprague, of Omaha, Nebraska, is "going for" a "Bill for a State Board of Health" now before the legislature of that State. It's an innocent looking thing, but is evidently loaded for the homœopaths. The latter are wide awake, however.

Dr. W. D. Stillman, of Council Bluffs, Iowa, died January 27th, from blood-poisoning, contracted from a case of erysipelas which he was treating. He was one of the lecturers and examiners in the Homœopathic College, University of Iowa, and well known and esteemed in his own State and elsewhere.

Dr. Kelly, of Norfolk, Neb., superintendent of the Insane Asylum, was shot recently by the relatives of a girl upon whom he performed "ovariotomy" and found a gravid uterus. He first made a correct diagnosis, but the girl declared her innocence, and he finally yielded. If he had been content to "bide a wee," he might have bided longer.

Dr. C. E. Fisher, formerly editor of the *Southern Journal of Homœopathy*, was recently a welcome visitor in our city. He is making his way to Europe by easy stretches, and after a year or so on the continent will locate in San Francisco, giving special attention to gynæcology. Dr. Fisher is so well and generally known that anything concerning the great and good work he has done for homœopathy in the South is needless; our friends there will appreciate his untiring and unselfish labors more in twenty years from now, when their results can be seen more plainly. He's a royal good fellow, and we wish him *bon voyage* and happiness and success on his return.

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ARTICLES IN MEDICINE.

HYPERICUM PERFORATUM (ST. JOHN'S WORT).

BY M. W. VAN DENBURG, A. M., M. D.

Among the remedies that are less appreciated than they should be it has seemed to me none are more deserving of consideration in its own peculiar sphere than hypericum perforatum.

There are numerous species in the Northern States, Gray giving no less than sixteen species as residents of the country north of Kentucky and Virginia, and east of the Mississippi river.

The most common habitat of the hyperica is sandy, dry soils. But several species grow on wet ground, some even in the water. Of the sixteen species given in Gray all are marked as native, except *H. perforatum* L.; this is "nat. from Europe," that is, it is an introduced plant. With us it is the most common and conspicuous species. Its favorite habitat is waste dry sandy fields, where it grows in wasteful luxuriance, oftentimes almost monopolizing an entire field. No other plant is likely to be taken for it, since everybody knows St. John's wort, though few know its virtues.

Gray says the name is from the Greek, and of obscure origin. I was interested to look up the derivation; and turning to the *Lexicon* found *Hupereikon*, (St. John's wort, a plant). The reference was to "epeik-e," (long "e"), and

this was defined "a heather;" "but taller and more bushy than our heather."

Gray says the derivation is obscure. But we must not forget that Gray, though a prince among botanists, was an M. D. of the persuasion self-styled Regular with a big R.

Now two or three words farther down the page of the lexicon cleared up this obscurity amazingly. "Ereiko," a verb, in the old Greek means "to break, to tear, and in the later Greek, to bruise, to pound." To any one who remembers any of his Greek, the derivation of the heather name from the verb will be at once apparent.

And thereby hangs a tale. The proving of the homœopath has brought to light what the old Greeks knew long ago and embalmed in the word, "Hupereikon," "over-abruise." Herings' Condensed Materia Medica gives under "Tissues," "Injuries to parts rich in sentient nerves; especially fingers, toes, matrices of nails. Lacerations when the intolerable pain shows nerves are severely involved."

It has also an effect upon the mind appropriate to the occasion, for it is credited with "nervous erethism, with or without hæmorrhage; great nervous depression following wounds."

It is an herb of domestic repute in diarrhœa, and I have often known of domestic cures made with infusions of this plant.

The Condensed Materia Medica gives under this head, "loose, bilious, yellow stools evening and morning."

The limits of this paper forbid an extended notice of the origin of the provings, but the use of this remedy is comparatively modern, as regards homœopathic therapeutics. Herings' Condensed Materia Medica gives a brief notice of the authorities, most of which are within the last ten years.

The "Key Notes" of Guernsey might be profitably extended; they run thus, "Bad results from treading on nails, from rat bites, or any punctured wounds; very sore and sensitive to touch."

Probably no better generalized "key-note" can be given from the standpoint of our present knowledge than the one already quoted from the "Condensed." "Injuries to parts rich in sentient nerves." If we generalize a little farther and

say, traumatism of the nerves, although we may be accused of a literary and scientific indiscretion, still the idea conveyed will cover the ground very fairly. Most of the cases quoted by Herings' Guiding Symptoms show this to have been the case.

In the special senses, Norton gives a case, where, several years after an injury to the eye, characterized by synechia with much pain and irritation, hypericum afforded a cure. In the nervous system and centers, Winterburn gives us cases of traumatic meningitis, traumatism of the spine, shock and the attendant circumstances. Franklin, gunshot wounds, and compound fractures and dislocations. Gilchrist, pain after operation, and these, though of the tissue system, are none the less plainly "injuries to the nerves."

Hypericum has stood me in good stead in a number of cases. One, some years ago, where the injury was of quite remote origin. In this case the injury was to the back of the hand, and was caused by a blow from the sharp corner of a new brick, received in handling them rapidly, and the more severe symptoms had not developed until some time afterward, when all apparent symptoms had subsided. There was pain streaking up the arm, numbness and formication, and an incipient loss of power. The nerve affected was the ulnar, and the pain often reached the elbow, or even higher. Hypericum perforatum 3x, four pellets three or four times a day, in a week removed all symptoms, and they never returned. I need not mention several other cases where the points were essentially the same, that is, the apparent external symptoms had all subsided. In all these the third decimal was used with complete satisfaction. In a personal case that occurred recently, this remedy was both prompt and satisfactory.

An attempt to sustain a ten hundred horse, "as to his fore foot," upon my own great toe-nail, ended most disastrously "as to the toe." The shoe was not removed for an hour or so, other matters demanding immediate attention. When at length brought into view, the toe presented an enlarged appearance, sufficient to meet the requirements of the case. The lower two-thirds of the nail was of a deep cerulean tint, the hue extending back toward the first joint.

The following treatment was used: First two hours a felt slipper and mental employment; case not improved.

For the next quarter hour a hot water bath to the lower half of the foot; case not much relieved. This was repeated again at the end of an hour, together with drilling the nail to relieve pressure; not any perceptible relief. Then followed about three hours of close (attempted) mental employment, during which the toe kept up constant sensory impulses to the centers of consciousness.

At last I bethought me of Father Hering's advice under *hypericum perforatum*, and concluded to try it. About twenty drops of the fresh strong tincture were placed in a two drachm vial and well shaken, emptied, filled at the faucet, shaken, emptied,—filled, shaken, emptied,—six times in all, about one-fourth being reserved the last time to be filled to the cork with alcohol.

Of this dilution about ten drops were taken on the tongue, at one dose. Within fifteen minutes the toe was easier than it had been at any time since the injury, seven hours previous. At the end of a half hour improvement having apparently ceased for the last ten minutes, another similar dose was taken and improvement continued. That night the member was not in the least troublesome, and next morning was able to place the foot firmly on the floor without pain; not that I mean to say that it did not hurt when walking was indulged in, but that the pain was not noticeable except when walking. During this (second) day the dose of the previous day was repeated only once, and on the third day a close fitting shoe was worn, with but little inconvenience. The cure has progressed rapidly and satisfactorily up to date, with but a trifling amount of pain and very slight discomfort. The nail is loosened at the root, but there is no inflammatory action worth mentioning, and consequently a trifling amount of pain.

Morphia could scarcely have acted quicker to alleviate the pain. The points to which I desire to call especial attention, are the sudden modifications of the pain, the comparatively high dilution, and the continued beneficial effect. Some one will say the sixth centigrade is a very low potency; ah, well that depends on the person, what he is accustomed to using and how he regards the potency question.

OPIUM-POISONING—A PECULIAR CASE.

BY W. M. HILTON, M. D., WAVERLY, N. Y.

I have just had a case which was interesting to me, and I think perhaps it may be to some of the readers of the *COUNSELOR*. J. D., aged 64 years, had been failing in health during the past year and showed signs of insanity. On February 2nd, 1889, he took two ounces of laudanum at five o'clock A. M. with the intention of suiciding, as he afterwards told me. As he did not get up to breakfast as usual, his family thought he must be worse, and I was called, reaching there about half-past eleven A. M., six and one-half hours after the poison had been taken. I found the following condition: very nervous, restless, complained of so much heat, though temperature of body was normal, and that of the room 65°; constantly throwing off the clothes and asking for doors and windows to be opened; respirations twenty-four, action of heart so irregular could not possibly count the pulse, seemed disinclined to talk or answer questions, but said he was "all broke up." No thirst, tongue normal, as were kidneys and bowels up to this time.

I had examined his heart only a short time ago, and was sure there was no organic disease, hence I could not account for the heart's action now, unless it was caused by whiskey, which his wife said he took during the night, though this did not seem to me enough to cause so great a disturbance. I left his room to prepare medicine, when he called me back and made a full confession, showing the vial and naming the druggist from whom he obtained it. I did not at first believe him, as I had never heard or read that so large a dose of laudanum could be retained so long without producing the symptoms we always expect in opium narcosis. I immediately informed his family, and we began with the usual remedies, emetics, atropia and infusions of strong coffee, which were continued until the following morning. The action of the heart became perfectly regular, and he passed a fair night, sleeping not more than five or ten minutes at any time, but naturally. In the morning, twenty-nine hours after the medicine was taken, he walked from his room to the sitting-room with very little assistance; seemed as rational as ever and conversed with me and with

his family, but said he felt like h—l, which did not surprise me very much, after what he had gone through. Said "he meant to make a good job of it, but guessed the d—n stuff wasn't good for anything."

I left him feeling this way, and at half past two P. M. was called again, and found him almost unconscious, with all the symptoms of opium narcosis. Pulse regular, 102, temperature normal, respirations 10, pupils contracted, stertorous breathing; could be aroused with great difficulty. I resorted to usual treatment, using all means to save him, but he gradually sank and died at five A. M. on the 4th, forty-eight hours after taking the poison. Tanner says: "The duration of a fatal case is generally from seven to twelve hours. The shortest period recorded is three-quarters of an hour; the longest twenty-four hours. If the patient survives twelve hours there is good hope of recovery." Here we have a case that did not show the usual effects of the poison until twenty-nine hours afterward.

I should like to hear through your journal if any of your readers have had a similar experience.

MULLEN OIL.

BY WM. C. WELLS, M. D., HESPERIA, MICH.

The application of mullen oil is of more general application than anything I have found in print. I report to you some cases:

Case I.—Mertie B. Aged 16. Called to see her May 20th, 1888. Found her suffering great pain in right ear. Parotid gland very much enlarged and painful. The right side of the head and face much swollen. Pulse about one hundred, tongue coated.

Treatment: Mullen oil in the ear, and used as a liniment twice daily on the swollen parts. For the fever, aconite. Great improvement during the first twenty-four hours, and on the 23d found the case convalescent.

Case II.—Carrie H. Aged 22. Her second child four weeks old. Called Nov. 15th, 1888. Right breast inflamed and sore. Two weeks previous it had been lanced by another physician, a little above the nipple, but now a place a lit-

tle below and to the left of the nipple gives evidence of forming pus. I told her that in my judgment it had gone too far to check it then.

Treatment: Mullen oil, $\frac{1}{2}$ oz. in 4 oz. water. Wet cloths and apply. The inflammation and soreness disappeared in one week, and by the use of the same remedy occasionally has entirely recovered without breaking. Her husband, when he paid me, said, "Well, you have done better than any of the rest of the doctors."

Case III.—Linford S. Aged 64. Called to see him Sept. 20th, 1888. Has just recovered from typhoid fever, but is able to be around. Taken with inflammation of the right testicle. Swollen to the size of a goose egg, and much pain. Red and shining appearance of the skin. Cause unknown, unless it was in connection with chronic enlargement of prostate gland.

Treatment: Mullen oil applied twice daily as a liniment. Mercurius sol. internally. In three days the soreness and pain had entirely disappeared, but the enlargement continued several days. He walked around with ease three or four days before swelling had diminished any.

Case IV.—F. C. Aged 30. Called Nov. 16, 1888. Found inflammation of left kidney and of left testicle. Had been under treatment by another doctor and had recovered partially, but relapsed. Suffering much with pain in testicle, which ran up the spermatic cord and through to the left kidney.

Treatment: Cantharis and aconite, as there was some fever. Mullen oil applied to the testicle. Rapid improvement during the first twenty-four hours, and made a quick recovery.

I have also cured a case of chronic inflammation of the eyes, and a case of chilblains from which the patient had suffered, during the winter, for about six years.

This preparation I made myself, by putting the fresh blossoms into a quart bottle and pressing them down till I could put in no more. It was then corked and hung up in the sun about two weeks. Then drained out all that I could. I put upon the dregs clear (undiluted) alcohol, about the same quantity as I had obtained of the oil. I put them, the whole mass of dregs, into a cloth and pressed it out by

wringing it in my hands. I then put together what I had obtained first and second, and filtered the same through common filter paper.

Every drug has its exact range. This one being new to the profession, we are just learning what it will do. In all these cases the mullen oil has had an outward application twice daily.

[Enough provings have not been made to develop the full symptomatology of mullen oil, but its chief sphere seems to be in urinary troubles. Clinically it has proven of the greatest value in that affliction of children so trying to both friends and physician, viz., *nocturnal enuresis*. Prof. Moffatt, of New York, has reported several cases of this sort in which the common remedies, belladonna, hyoscyamus, causticum, pulsatilla, sepia and sulphur, had failed, but which were promptly cured or very much improved by mullen oil. It is also said to be highly serviceable in affections of the ear—applied externally—due to inspissated cerumen or dryness of the drum-membrane. It should be prepared from the blossoms, as Dr. Wells suggests—*verbascum* is simply the alcoholic tincture obtained from parts of the green plant. Boericke and Tafel make a reliable preparation of it, and if any of our readers have had experience with the drug we will be glad to hear from them.—Ed.]

INFANTILE PARALYSIS (ACUTE ANTERIOR POLIO-MYELITIS).*

REPORTED BY C. A. MACRUM, CLINICAL ASSISTANT TO THE CHAIR OF THEORY AND PRACTICE.

B. L., of Blakesly, O., aged 2 years and 8 months. Entered the hospital on January 23, '89.

On examination before the clinic the child was found to be paralyzed in both legs and the left arm. The following history of the case was given by the mother :

The paralysis was noticed first in the latter part of July 1887. Four days previous she had appeared unwell. She was listless, refused to play, and had a poor appetite. Two days after she was taken with a high fever, which continued

* A Clinical Case, Homœopathic Hospital, U. of M.

two days, when the mother first noticed the child was not able to sit up when she placed her on the floor. On the day preceding the paralysis she complained of severe pain in the head. The paralysis involved the muscles of the neck, back, left arm and both legs. A few days following, a rash in large red blotches appeared on the face and neck, which ulcerated, and had not disappeared on admission to the hospital. Scars remain at the site of the blotches. During the first week she lay in a semi-conscious condition and was not able to sit up. Gradually improvement set in, first in the muscles of the neck and back, so she was able to hold up her head and sit erect; the arm improved somewhat, but the legs very little. The bowels were constipated, but gradually recovered their tone, until they are now regular.

Examination showed reflexes lost but sensation normal. The extensors more seriously involved than the flexors; also much wasting of the lower limbs.

No history of syphilis or scrofula, or anything indicating them, in either father or mother, could be obtained; still the child was undoubtedly scrofulous.

When a year and a half old she had pneumonia, followed in two weeks by a light attack of measles. She had no trouble while teething, but the teeth were not normal in appearance.

Prof. McLachlan, in discussing the case, pointed out the resemblance to other forms of paralysis in children, particularly those of spastic spinal paralysis, and amyotrophic lateral spinal sclerosis, typical cases of which had been presented in the clinic from time to time, and also the equally striking points of difference. The case, however, presented so little in the way of complication, and was so typical of infantile spinal paralysis, that there could be no hesitation in pronouncing it such.

The sudden onset of motory paralysis, the fever, with pain (headache), etc., the subsequent limitation of the disease to the limbs, in harmony with its usual course, the muscular atrophy, lowered temperature of the legs, absence of reflexes, loss of faradic contractility, sensation being intact and the mental faculties normal, make a very perfect picture.

It was difficult to understand the cause; whether any re-

lation existed between the attack of measles could not be determined, but the well known influence of infectious diseases in producing it, makes it probable.

The bi-lateral paralysis of the legs located the lesion — degeneration of the anterior horns of gray matter — in the lumbar region, and showed that both cornua were involved.

He drew a lesson from the fact that months had passed without efficient treatment. Much valuable time had been lost and the patient's chances for relief proportionately lessened. Still, inasmuch as galvanic excitability was retained, the prognosis was not wholly unfavorable.

Attention was called to the scrofulous appearance of the patient. The skin disease which had everywhere left its mark, had evidently been the acute macular form of lupus erythematosus, and the rash then present was scrofulous in character. The whole condition reminded one of *calcareo carb.*: The red hair, the delicate and transparent skin, the extreme plumpness of all parts except the atrophied limbs, the swelling and redness of the eyelids, the fact that she was subject to colds and was then suffering from a severe coryza the tendency to local sweats (head and feet), and to enlargement of the glands of the neck. The fact also that her appetite was capricious and that she was very nervous and restless at night, and peevish by day.

The use of this profoundly acting remedy, he thought, might yet work wonders; especially if supplemented by massage and electricity judiciously and faithfully applied for months and perhaps years.

The parents being in limited circumstances, were allowed to return home, the patient being given *calcareo carb. 6x.* and instructions were given to persist in the use of massage, and both the galvanic and faradic electricity, and the parents requested to report from time to time.

At this writing, March 25th, word is received that the child is doing nicely. "She has never seemed so well since she was first taken sick. Her nerves seem settled, she sleeps well, her appetite is good, and bowels right. We think one of her limbs is better as she moves it a little. She is broken out with a rash-like measles, and some like hives, from her knees to her hips and back." Treatment continued.

ARTICLES IN SURGERY.

A RECENT EXPERIENCE IN OBSTETRICS.

BY W. J. MARTIN, M. D., PITTSBURGH, PA.

Nov. 12, 1888. Mrs. S—, a healthy young woman, was confined with her fourth child—attended by a midwife—got along very well, I was informed, except that there was some trouble in delivering the after-birth, which was “grown to her side.”

She appeared to be making a good recovery until Nov. 22, ten days after delivery, when I was called upon to prescribe for a profuse flowing of dark stringy blood, with some pain. I sent her crocus 1, to be dissolved in water, a teaspoonful to be given every hour. Two days afterwards they reported some improvement, the flowing not so constant; it comes now in spells; is still dark and stringy. Continued crocus 1. This was November 24. On the night of Nov. 26 the husband called again about his wife, who, when he left her, was wasting very freely. He did not ask me to go to see her that night, which I now think was because of the very bad weather and very bad roads, their residence being several miles out in the country. I therefore questioned him closely and got the following symptoms, which we find in that most excellent work, Minton's Uterine Therapeutics, given under *pulsatilla* in almost the words used by this man in describing his wife's condition: “Post-partum secondary hæmorrhage, from retained placenta or coagula. (From the history and course of the case I now suspected this.) *Metrorrhagia*, at times very profuse, at others intermittent and mixed with clots. *It ceases and then returns with double force*, ceases again only to return. She longs for fresh air.” I sent puls. 3, to be put in water, a dose every half hour or hour according to circumstances. Early the next morning the husband called and told me they had thought she would die during the night,—had summoned the priest and made every preparation therefor,—but she was yet alive. I lost no time in getting to the house, and there I found the most completely exsanguinated being I had ever seen. She had flowed profusely all night. Her face, her lips, her tongue were bloodless.

The pulse was scarcely perceptible. The flooding was not great now, owing to the weak heart and diminished quantity of blood. I simply asked her how she felt, to which she replied that she "could not hear well, that there was a sound in her ears as though she had a rolling-mill in her head." That was enough to decide the choice of remedy. China 1 was given at frequent intervals, and having washed my hands and lathered the left hand and arm with Ivory soap, I proceeded to investigate the condition of the inside of the uterus, keeping it well pushed down with my right hand on the fundus, and after very hard and persistent effort I succeeded in removing, piecemeal, a mass of fragments of adhering placenta and membranes as large as one's fist. This was very painful to the woman, and by my pushing down upon the fundus I made her feel very sore, for which I felt it would not be safe to leave her without giving arnica, and yet the conditions present, consequent upon the loss of blood, called for china. I do not alternate, but if alternation of remedies ever was allowable, it was allowable, and more, too, it was demanded here. I gave, therefore, a solution of china and a solution of arnica to be given in alternation, a teaspoonful every half hour. From this time there was no more wasting. It was almost a fatal mistake to send that woman pulsatilla the night before. I should have gone to her and found out whether or not there was retained a portion of placenta. I think it will never do to depend on any medicine to remove such.

The next day the patient was in as good condition as could be expected; she had taken, as instructed, as much hot milk as she could drink, her pulse was rapid and weak, temperature normal, milk in the breasts, cannot sleep on account of the roaring in the head. Believing, as I do, that safety in managing severe and death-tending cases, consists oft-times in "letting well-enough alone," I continued the arnica and china, a dose alternately every half hour. The third day I did the same thing, but on the fourth day on account of elevation of the temperature to 101°, and profuse sweat during sleep at night, pointing to septic infection, I changed the medicine to chin. ars. 3, a tablet every two hours. This was continued for three days, when the evening temperature had

become nearly normal, though she still sweat in sleep and had a "little rolling-mill in her head." Otherwise the condition of the patient was all that could be desired under the circumstances. Leaving chin. ars. to be taken every two or three hours I ceased my visits to the house. But in three days I was again called to the patient to find that suddenly in the night, she was taken with most violent pains in the abdomen. On examination I found the abdomen tympanitic and extremely sensitive, especially in the uterine region. The least jar of the bed, or the walking of a person across the room aggravated the pain, pulse rapid, temperature 102° , headache and sleepless. R. Bell. 3 in water, a teaspoonful every hour, and turpentine stupes to the abdomen. The lochial discharge had stopped and her milk had almost disappeared.

The indications for the remedy were clear, and the prompt relief and improvement following its administration, almost marvelous, so that at my visit the following morning I found a great change for the better. The treatment was continued, without any alteration, for six days, by which time all fever and all swelling and soreness of the abdomen had disappeared; the milk was now almost sufficient for the wants of the child. She slept well and was able to sit up for a part of the day. I should have said that I had given her Bovine in milk quite liberally during her entire illness, with, I think, good effect.

By the most careful examination which I could or dared make, I failed at this time to outline through the abdominal parietes the body of the uterus — it seemed to have become enlarged and the walls relaxed,— though she complained of no feeling of weight or dragging down; she said, in fact, that she was feeling very well, except weak. With the hope of getting the uterus to contract down to about the proper size and shape I ordered her to take one teaspoonful of the fluid extract of ergot every four hours until she had taken two ounces. I have not seen her since, but have heard frequently that she appears to be as well as ever in her life, and that she says she feels as strong.

The lessons to be drawn from this case are obvious.

THE ORIGIN OF STRABISMUS.

BY H. H. CRIPPEN, M. D., SAN DIEGO, CAL.

Professor J. Stilling, of Strasbourg, has lately placed before us a work* on this subject which contains much that is original, both with regard to the hypothesis that is advanced and as to the researches upon which the author's ideas are based.

In the first place the statement is made, that parallelism of the visual lines is rare; that in the great majority of cases the position of the eyes in repose is that of strabismus. Upon this statement is based the ideas of Stilling as to the origin of strabismus, whether it be convergent or divergent. That is in a given case, for example, in which the position of repose is convergence of the visual lines, should some condition intervene depriving one eye of the incentive to participation in binocular vision, that eye will take the position of repose proper to it, thus giving rise to an inward squint.

Now, in the face of the generally admitted statement that the position of the eyes in repose is parallelism of the visual lines, there is need of a demonstration of the truth of Stilling's hypothesis and of the fallacy, in the majority of cases, of popular opinion. The author, himself, finds that after a series of exercises (analogous to those necessary to learn voluntary relaxation of the accommodation in the use of the ophthalmoscope) he can easily put his eyes in a position of repose by turning the face towards a constellation in the sky when a single star appears as a brilliant object, and fixing this without any effort of the accommodation. The star is seen decomposed into two homogeneous images. Thus the position of repose for his own eyes is convergence. Further than this, experiments have been made by Stilling, at Turin, as to the position of repose proper to a number of his confreres in ophthalmology. In conducting these researches a corridor 90 feet long was utilized, by being completely darkened, while at the same time a luminous point was placed at the extremity opposite the subject of the experiment. In some of these the position of repose of the

*Des Rapports de l'Accommodation avec la Convergence et de l'Origine du Strabisme. Par C. Reymond et J. Stilling. Strasbourg, 1888.

visual lines was found to be parallelism (1), in others convergence, and in a few divergence. Besides this the author has taken a long series of systematic examinations in different states of refraction, with the following results:

"In all the states of refraction, one meets with all the possible modalities of the position of repose. With regard to the two typical anomalies, hyperopia and myopia, there exist the relations analogous to those which have place between these anomalies of refraction and the typical forms of strabismus. In hyperopia the position of repose of the visual lines is, for the greatest number of cases, convergence; in myopia, it is divergence. In emmetropia there is found, as a general rule, convergence. Among 57 pupils of a private seminary there were ten myopias. Of these, only two presented convergence as the position of repose; all the others, divergence. Among 16 hypermetropes none presented divergence; of all these the position of repose was convergence. Among twenty-seven emmetropes two presented divergence, two parallelism and the remainder convergence. Of three astigmatic myopes, two presented convergence, one divergence. Among about forty pupils of Goltz, there were found sixteen myopia, of which nine presented convergence as the position of repose. Of twenty-two myopia examined in the clinic, fourteen presented the same condition. At Strasbourg, one hundred and fifty-one cases have been examined, of which sixty-five were myopes and eighty-six both hypermetropes and emmetropes. Among the first there were forty-one in which the position of repose was divergence; among the latter eighty-six presented convergence."

These facts not only prove that for the greater part of individuals the position of the visual lines in repose is convergence, but they show also that the relation of hypermetropic and of myopic eyes with regard to their position of repose is indeed similar to that of eyes affected by strabismus with relation to the direction or to the form of their strabismus.

In hypermetropes the convergent direction prevails, among myopes the divergent; and the numerical preponderance of convergence among the first is again greater than that of divergence among the myopes. The conditions, then, that predispose to strabismus appear to be those given by the nor-

mal position of repose of the visual lines. That is to say strabismus is the relinquishment of binocular fixation in consequence of which one eye remains permanently in the position proper to it in the condition of repose. If this position be convergence, there is established a convergent strabismus; if divergent, a divergent strabismus; while if the condition of the visual lines in repose be parallelism, the eye will be unable to establish any absolute position of strabismus. Consequently true voluntary convergent strabismus is an active and conscious cessation of contraction, and not due, as Alfred Græfe would have it, to an active and conscious contraction of the internal rectus.

For Græfe* declares "that in the majority of cases (of internal strabismus) which proceed from hypermetropia, the position of convergence is first active; the need of accommodation forces the eye, from the beginning, to take this very vicious position, which becomes afterwards its position of repose." But, as may be seen from Stilling's experiments, the position of repose in eyes not affected by strabismus, is, for the greater part of hypermetropes, *convergence* of the visual lines and not "*parallelism*" as Græfe further expresses himself. Also, we must oppose the idea that strabismus convergens is due to an "active and conscious contraction of the internal rectus muscle." For, were this so, the constant effort to maintain this contraction would produce an asthenopia amounting to great pain (the truly voluntary strabismus which some individuals are capable of producing is attended by contraction of the corrugator supercilii, gives rise quickly to pain, and is thus in diametrical contrast to the typical convergent strabismus of hypermetropes which appear as the *result* of lassitude). On the contrary, it is true that the hypermetrope ceases to contract the internal rectus and allows one eye to assume the position of repose to avoid asthenopia. Therefore, regarding normal vision as a struggle sustained, in the interest of binocular fixation, against the tendency impressed upon the eyes to take the position of repose (just as any other muscle tends to return to a state of rest), we may see, for hypermetropes, in this

* Græfe Sæmisch, Handbuch; Band VI, p. 90.

convergent position of the visual lines, during a state of *absolute inaction* of the ocular muscles, the primary factor of convergent strabismus; while we may also trace the secondary cause in any condition whatever that may produce an abandonment of binocular fixation.

These secondary causes are of course diverse and numerous. They may consist of any thing which partially or wholly excludes one eye from vision, as a macula of the cornea or an atrophy of the optic nerve, or in an anomaly of refraction in a case where the positive portion of the relative accommodation is too small. It is, however, outside the scope of this paper to discuss these conditions, for the aim is to set forth the theory of Stilling with regard to the factor of strabismus and to give as complete a defense as possible in such data as are opposed to the hypotheses of others.

In myopes the general conditions are the opposite of those pertaining to hypermetropes. While in the latter, in the greater number of cases, the position of repose of the visual lines is convergence, in myopia it is divergence. And then while the hypermetrope finds need of leaving one eye in the position of repose for the purpose of breaking away from the laws of relative accommodation, in order that the eye which fixes an object may have at its disposal all the latitude of its accommodation, the myope, on the contrary, finds this need of deliverance from the bond of relative accommodation in order that the eye which fixes can completely relax all that still remains of its accommodation. Though the hypermetrope breaks the bonds between convergence and accommodation in order to contract the ciliary muscle without putting into action the internal rectus of the opposite eye, and the myope breaks this union, on the contrary, to put all its accommodation at rest, yet this diversity of purpose produces the same result; in both cases the eye shut out from binocular vision is allowed to assume the position of repose proper to itself.

In myopia, we know that the relative accommodation is displaced in such a manner that strong convergences mark relatively slight accommodative actions. Although the laws of the connection between accommodation and convergence

suffer this displacement, they are not abolished. In myopia the convergence still accompanies the accommodation synergically, although the former can by exercise be reduced to a minimum. This fact explains easily the well known tendency of myopes to use a convergence greater than is required for a given point. Then, from the tendency to augment, as much as possible, the positive portion of the latitude of relative accommodation, proceeds the asthenopic troubles; and when these in high degrees of myopia become too great, and when there can no longer be obtained the necessary displacement of the latitude of relative accommodation, the myope saves himself from asthenopia by allowing one eye to assume the position of repose. Now, if the position of repose, as most often is the case, be divergent, a divergent strabismus is produced, which is at first periodic (because for distant vision the contraction of the internal recti only implies a very slight action of accommodation), but later this becomes stationary. If the position of repose be a feeble convergence we will have only a relative divergent strabismus. If the position of repose be a stronger convergence it is convergent strabismus that is produced.

Conforming to the hypothesis of Stilling, then, we see that when the position of repose is one of divergence we may argue that a divergent strabismus may arise without any insufficiency of the internal recti. But when such a condition of insufficiency is present it will naturally constitute an important auxiliary factor in the production of the anomaly.

In summing up, the origin which true strabismus presents to us, may be comprised as follows: In confirmed strabismus one eye has taken the position of repose which is proper to it, and this deviation is produced either because the eye was originally not adapted to take part in binocular fixation, or because the abandonment of relative accommodation has been imposed as a necessity and has been favored by a variety of circumstances. Such are: a strong convergence or divergence as the condition of repose, a preponderance of one set of muscles over another (these may also be in relation, the preponderance of the internal recti with a convergent position, and of the external recti with a divergent position, without being the sole cause of the vicious deviation), and

above all the aptitude to take easily the position of repose. In periodic strabismus one eye takes the position of repose either on account of the direct lassitude of the ocular muscles, or because, from time to time, the individual voluntarily relaxes his muscles to release them from the relative accommodation in the interest of a greater functional power for the other eye.

Finally, with regard to the question, "Why the greater part of hypermetropes never become affected by strabismus," it is said that among these the tendency to binocular fixation is too powerful to permit one eye to assume the position of repose, and that, as Schweizer has explained, young hypermetropes possess an accommodation sufficiently powerful to enable them to accommodate without fatigue, even for small distances, in spite of the hypermetropia.

A NEW OPERATION FOR EMPYEMA.

A Russian surgeon, Dr. M. Ssubbotin, describes in *Wratsch*, 1888, No. 45, a new thoracoplastic operation. From a summary given in the *Centralblatt für Chirurgie* for March 16th it appears that the author's operation, which he has done once with success, is as follows: A segment from two or three inches long is first resected from the seventh rib, as usual, the pleural cavity being opened and washed out. This opening is then plugged with gauze to prevent infection of the wounds still to be made. A vertical incision about five centimetres long is next made along the outer border of the pectoralis major muscle. Through this the sixth, fifth and fourth ribs are exposed without being denuded of periosteum, and from each of them a little wedge is removed by means of Liston's bonescissors, so that the rib is made movable. A similar vertical incision is then made in the posterior axillary line, serving for the exposure and division of the same ribs in this situation. These two incisions, not opening into the pleural cavity, are sutured with drainage. The portions of ribs lying between the two points of section are thus enabled to sink in, and, when healing has taken place, they protect the thoracic cavity and at the same time serve as supports to the vertebral column. —*N. Y. Med. Journal.*

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EDITOR.

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EDITORIALS.

MEDICAL BILLS.

For many years back, at every meeting of the Legislature we have seen one or more attempts to get a law passed establishing a Medical Examining Board, and as many times have we seen those attempts fail. The hard practical sense of our legislators has in most cases defeated them, and we have confidence that it will still do so—at any rate until one is offered that will work no injustice to a part of the profession.

Two bills are now pending before the Michigan legislature, both emanating from the usual source, the so-called regulars, and the object of both being identical, however much they may appear to differ in methods.

The first, introduced by Representative Eaton, is entitled, "A bill to regulate the Practice of Medicine and Surgery in the State of Michigan." It provides for the appointment by the Governor, of "six physicians to be a board of medical examiners." That they shall be graduates and shall have practiced in Michigan ten years; that two shall be homœo-

pathic, two eclectic and two regular; and that no member of the board shall be connected with any college as instructor, trustee, stockholder, etc. It says the board shall elect its own officers, shall meet four times a year, or more if expedient; that any one practicing without a license may be fined not less than \$50 nor more than \$100, or imprisoned in the county jail not less than ten nor more than ninety days, or both fined and imprisoned, for each offense; that that each candidate for license shall have attended *three* courses of medical lectures, each of not less than *six months*; that the examination shall be in writing, on the usual medical studies, the license to be signed by two-thirds of the members of the board; and that "no person shall be refused a license because of adherence to any particular school of practice." It further defines the duties and powers of the board, manner of registration, etc., and that all persons practicing under former laws of this state shall be considered as licensed under this act, and shall be recorded without application or fee.

The other bill, No. 671, entitled "a bill to regulate the practice of medicine, requiring certain qualifications of persons beginning the practice of medicine in Michigan, and the registration of all practitioners, etc.," after defining who are and who are not exempt from examination, establishes a state board of medical examiners, to be constituted as follows: Each legally constituted and reputable medical college in the state shall be represented by one member of its faculty, nominated biennially, and the superintendent of public instruction, and the state board of health shall each nominate one member biennially. The board is to consist of nine members in all, and no teacher or officer of any college shall be a member except as the *representative* of his college. The term of office of each member is to be *six years*. The duties, in the way of registration, fees, etc., are about the same as in the first bill, but candidates are only to be examined "as to proficiency in the English language and in the sciences of anatomy, physiology, toxicology, pathology, ætiology, chemistry and sanitary science."

It further provides that all persons who are in actual practice in this state prior to the passage of this act, may, within

six months after this act shall take effect, apply to the clerk of the county in which he resides, to be recorded as a physician. After *six months* all persons must pass the required examination, etc., before he can take out license to practice.

These are the essential points in the two bills, and any intelligent physician can see that in each case, that however great the labor, only a monstrosity is the result. In the first place, it is generally admitted that the legally constituted colleges in the state should be represented, for the reason that instructors are in a better position to understand what *should* be required of recent graduates, or even of practitioners who desire to practice in this state, and, moreover, that as they are authorized by the state to instruct persons in the science and art of medicine, they should at least be allowed a voice in determining the right or fitness of any one to practice medicine.

The Board, in other words, should consist of nine members, three of each system of medicine, and each college should have one representative — four college men and five laymen.

The second bill simply doesn't amount to anything. Because a man knows something about readin' and writin', bones, functions, diseased tissues, causes of disease, poisons, and physics, is he a physician? Is such a man necessarily a therapist, a surgeon, an obstetrician, a gynæcologist, or an oculist? These practical departments of medicine are not included in the requirements, and without them a man is about as near to being a physician as the darkey who dusts the pictures in an art gallery is to being an artist. Neither does the bill require that an applicant for license shall be a graduate of any medical college, nor how long he shall have studied medicine. The idea that he is not asked to show, *in any way*, his fitness to *practice* medicine, is preposterous. The dear public, for whom the originators of this bill are so solicitous, would be glad to know that those who are licensed to practice have made a study of disease and *how to treat* it. The simple truth is, that the bill is not only a monstrosity but an abortion as well.

It leaves the reader to infer that the "regular" framers of the instrument are wholly indifferent as to the higher de-

partments of medicine. The retiring modesty of these gentlemen that will not permit them to even refer to these essential qualifications in any one who undertakes to practice the divine art of healing, is something so unusual, something so foreign to their previous history and character that no one is likely to be deceived by it. Those who have suffered from their false assumption, their exclusiveness, their churlishness, and their insatiable purpose to grasp and monopolize every place of trust or power in the gift of the nation, cannot fail to see the cloven foot sticking out from under this angelic garb of magnanimity and amity.

All familiar with the history of the dominant school and their treatment of those who chose to think in advance of them, know that all they desire is to have a board established; that done, they are sure that it is easy to enlarge its duties and powers so as to include everything desired.

It will simply be a repetition of the fabulous story of the camel, which begged only to be allowed to put its head into its master's tent out of the cold, but its head once inside, it did not take long to wriggle its whole body in, and to claim possession.

It will be noticed that the only representation according to this bill, outside their own ranks, is one single member, the representative of the only homœopathic college in the state. This, then, gives them practically everything, and "possession is nine points in law." It would be a "cold day" indeed for all others concerned in the matter. But we mistake the temper and sagacity of our own branch of medicine if they are allowed to do anything of the sort. The homœopathic profession through the State Homœopathic Society has appointed a committee whose duty it is to see that our opponents do not steal a march on us and secure legislation unfavorable to all but themselves. For this is what they are after. We with the rest of our school yield to no one in our desire to see the science of medicine elevated to the highest possible plane; neither do we yield to any one in our determination to thwart, if possible, the schemes of those who seek only their *own* aggrandisement under an assumed or pretended love for our profession as a whole.

So far as our own state is concerned, we see no reason for

an examining board. Let the state legislate the colleges within its boundaries; in other words, compel all medical colleges within the state to adopt the requirements of the University Medical Schools, which are certainly not too much to ask of any and every medical student. The idea that a license from an examining board is necessary in the case of any one holding the diploma of the State University is preposterous, and the same would be true for the other colleges in the state when they have adopted the University standard of requirements.

It may be well enough to establish a board to examine persons coming from outside to practice in the state, but it is not only a farce but an injustice to require a man who has just paid for a diploma from a state institution, authorized to fit persons to practice medicine, to pay a fee of \$10, to incur other additional expense and loss of time, and possibly suffer injustice at the hands of men not able to judge correctly as to his ability or fitness to practice medicine; for any fair-minded person must admit that those who are actively engaged in teaching medicine, and who have become familiar with a student's work and character during his college life, are better qualified to judge as to his acquirements and natural fitness than one who is not a practical teacher, and hence is incompetent to say how much should be demanded of a student, and who is, moreover, an utter stranger to the applicant.

Michigan is not alone in this matter. The skirmishing is being carried on along the whole line; almost every state in the Union not already possessing such a board, is agitating the subject. In New York, Prof. Helmuth recently delivered a masterly and unanswerable speech against a proposed board; in Tennessee, Dr. J. P. Dake has just written a highly practical and effective protest against a similar bill before the legislature of that state; in Pennsylvania our friends are in active conflict over such an effort in their state; and so it goes, throughout the whole country. If we must be in fashion and have a medical examining board, then let it be as we have suggested — let all the medical colleges in the state adopt a uniform standard and their diplomas be accepted by the board as evidence of fitness to practice, and

let the duties of the board extend no further than the examination of persons from outside the state, and the regulation of professional matters within the state. Each system of medicine should be equally represented on the board, and among its members should be a representative from each college in the state.

In the meantime, let those appointed for the purpose, see to it that the two bills now before the house are strangled beyond resuscitation.

BOOK REVIEWS.

A HANDBOOK OF THERAPEUTICS. By Sidney Ringer, M. D., Professor of the Principles of Practice of Medicine in University College. Physician to University College Hospital. Twelfth edition. New York: William Wood & Company, 1889.

In his preface to this edition, the author says, "As in previous editions, so in this, I dwell much more on the indications for the use of drugs in disease than on their physiological action. The book is, in fact, a work on clinical therapeutics." His principles are further defined when he says, "Physical signs, as a rule, help us to detect only coarse and decided changes, and are useful chiefly in diagnosis, whilst symptoms are far more useful guides in prognosis and in treatment."

That he is not alone in this opinion, the almost unprecedented sale of his book sufficiently attests. His professional brethren have been hungering, yea therapeutically starving, for this very pabulum, and a few like the author and his distinguished cotemporaries, Wood, Bartholow, Phillips and Bruntorn were far-seeing enough to supply it to them.

Relying upon symptoms, both objective and subjective, in the treatment of disease, is not new to homœopaths, and that such prominent old school therapeutists should have discovered that it is the true and scientific method of prescribing is not surprising when we consider the amount of homœopathic literature bearing upon this very topic. That the use of the "homœopathic lancet," aconite, has been discovered and that it is now universally prescribed by our allopathic friends, is something for humanity to congratulate itself upon; though its substitution for the real old-time

lancet can hardly be credited to any but the true discoverers, the homœopaths. Since Hahnemann suggested the homœopathicity of camphor to cholera, his followers have clinically confirmed his position over and over again, and now Dr. Ringer extols the treatment. Ipecac is recommended for vomiting, arsenic for gastritis, cantharis for dysuria, nux for constipation, and a long list of remedies which we have been accustomed to use in the same conditions and upon the same *indications*. Moreover, a homœopath could have foretold that these drugs would cure these disorders, because they produce similar conditions in the healthy. Comparatively minute doses are commended also, but ever and anon we see the statement made that a certain drug cures many cases of a certain disease, but that in some instances it fails to do any good. For example, concerning the use of ipecac in the vomiting of pregnancy, he says: "It must be confessed, however, that in certain instances, at present unexplained, ipecacuanha fails to afford the expected relief." If our author had but gone a little further in his investigation of these cures, according to the homœopathic law, he would have learned at once that while there were symptoms present, which ipecac possesses in common with other remedies, there were some not possessed by ipecac, but by some other; as for instance, nux, arsenic or sepia. In fact, he has found that when ipecac fails, nux will often cure ("when the tongue is covered with a creamy fur, when the stomach is out of order, and when there is much acidity and heart-burn.")

How familiar the following sounds to a homœopath: "The dysenteric diarrhœa of children, whether acute or chronic, will generally yield speedily to hourly drop doses of ipecacuanha wine. The especial indication for this treatment are slimy stools, green or not, with or without blood. Vomiting, if present, as is commonly the case, affords an additional reason for the adoption of this treatment. After the first or second dose of the medicine, and generally before the diarrhœa is checked, the sickness will often cease."

We are quite ready to adopt his doses too, when he recommends podophyllin, one grain of the resin in two drachms of spirits, and two or three minims of this to be taken from two

to four times a day, for morning diarrhoea, etc. In fact, there is almost no end to the number of such instances, so that if Dr. Ringer has reached those conclusions independently it is the strongest possible confirmation of the law of similars, and makes the book of especial value to the homœopath as well as the allopath.

A large number of new drugs are discussed, including *convallaria maj.*, *strophatus*, *sparteine*, *adonidin*, *antipyrine* and *phenacetine*. The book will continue to be largely in demand among all branches of the profession, and deservedly so.

THE HUMAN EAR AND ITS DISEASES; A Practical Treatise upon the Examination, Recognition, and Treatment of Affections of the Ear and Associate Parts; Prepared for the Instruction of Students and the Guidance of Physicians. By W. H. Winslow, M. D., Ph. D. One hundred and thirty-eight illustrations. New York and Philadelphia: Bœricke & Tafel.

Outside of the acute inflammatory diseases, very few physicians have more than a passing knowledge of the character, prognosis, or treatment of ear troubles. The anatomy is so minute, and the parts so difficult to dissect, that few ever attempt to acquire a thorough knowledge of it. The physiology, too, is of such a character, that very many in beginning medicine are not prepared to study diseases of the ear or the eye intelligently. Hence it is that this part of medical study is almost if not wholly rejected by the average student, or practitioner.

Although in general practice where affections of the ear as compared with those of a more general character, are relatively few, one can hardly be expected to become expert in the diagnosis and treatment of the former, yet it is only just to expect that he shall be able to treat them as complications of other conditions, and to be able to tell when they have passed beyond his ken, so as to refer the subject of them to a specialist.

This much the author has undertaken to teach, and he has succeeded most admirably. Equally as good books have been written probably by our allopathic confreres, but they all lack the one thing most desirable to a follower of Hahnemann, viz: the homœopathic therapeutics. This, Dr. Winslow has supplied, and the busiest general practi-

tioner, armed with his book, cannot fail to handle diseases of the ear intelligently—to the point, at least, when they should go to a specialist.

To the chapters on diseases of the ear is added one upon the nose and throat, which are so often the direct or indirect cause of the former. The use of electricity in aural affections is ably discussed also.

Throughout the book the writer's individuality is everywhere apparent. He is practical rather than theoretical, and does not believe in relying wholly upon the obscure and often unreliable symptoms recorded by fanciful and mistaken provers. The provings that have been clinically verified, there can be no doubt about; but he prefers a clinical proving to the vague and irrelevant ear symptoms recorded under many remedies in our materia medica. The numerous practical suggestions with which the book is literally crammed, shows the author to be a man of large experience and a close student and observer.

The work comprises 526 pages, and is handsomely and substantially bound in cloth; price \$4.50.

A PRACTICAL TREATISE ON NERVOUS EXHAUSTION (Neurasthenia, ITS SYMPTOMS, NATURE, CONSEQUENCES AND TREATMENT By Geo. M. Beard, A. M., M. D. Edited with notes and additions by A. D. Rockwell, A. M., M. D. Price, \$2.75. New York: E. B. Treat, 771, Broadway, 1889.

Nervous diseases have, especially during the last decade or two, attracted a great deal of attention, and neurological societies and specialists are to-day as numerous as in any of the special departments of medicine. It is said that a specialist sees everything through his peculiar glasses, and therefore classes everything under the head of those diseases which he is accustomed to treat. This is doubtless overstating the matter, but it is nowhere more nearly true than in the department of nervous diseases. As Josh Billings once said, "Some people say that love is blind, but I have seen many lovers who could see a great deal more in their sweet-hearts than I could." Just this may be said of neurologists—they can see a great deal more in nervous diseases than others can.

There is no doubt, however, that this class of affections are

daily becoming more prevalent, as the conditions attendant upon civilization bring with them fast living, mental worry and fatigue, and all those factors which go to derange and exhaust the nervous system. Dr. Beard was the originator of the term *neurasthenia*, which is now so familiar to every medical man as well as to many of the laity. His first paper on this subject was published in the *Boston Medical and Surgical Journal*, April 1869, and excited very little interest in this country, but was eagerly discussed in Europe, and was followed by various publications by Campbell, in England, Vater, of Prague, and Erb, of Heidelberg. All these were based more or less upon the writings of Dr. Beard, who, it may fairly be said devoted his whole life to the study of this subject. The book before us is the result of his exhaustive researches, and while to the ordinary reader the vivid coloring of many of the clinical pictures savor strongly of the brush of an enthusiast rather than of a critical scientist, one forgets it all in the originality and personality of the writer, without which any book is more or less unattractive.

The editor, by way of annotations and considerable additions, has contributed very much to the value of the work, and to all those interested in this subject we heartily recommend it as being among the most readable and authoritative treatises of the kind.

ATLAS OF VENEREAL AND SKIN DISEASES. With Original Text. By Prince A. Morrow, A. M., M. D., clinical professor of Venereal Diseases, formerly clinical lecturer on Dermatology, in the University of the City of New York; Surgeon to Charity Hospital, etc. Fasciculi VIII and IX. New York: William Wood & Company.

All that has been said in the past in laudation of this great work may be reiterated, for it is fully up to what its publishers led the profession to anticipate. The former of the parts above mentioned, contains five plates, illustrating syphilitic ulceration, gummata, and the various forms of syphilides, and concluding the discussion and representation of venereal diseases and their symptoms. It must not be forgotten that the work not only pictures the various conditions, but also discusses each in a masterly way. The *appendix* to part VIII, on the treatment of syphilis, is alone worth the price of the fasciculus, and it only comprises a small

portion of all that is said concerning the therapeutics of this hydra-headed agent of death.

When we consider the vast number of cases of venereal diseases which are treated annually — physicians in the country and smaller towns and cities have scarcely a conception of its extent in the large cities — and their tremendous and far-reaching results, we wonder that so little attention is given this subject by many intending and practicing physicians. The influence which syphilis has exerted upon the physical well-being of the past and present generations, and which it will exert on future ones, is something appalling to contemplate. And yet many doctors know so little about it as to mistake the most typical cases.

Not long since a patient presented himself at the U. of M. homœopathic hospital clinic for treatment of what his doctor called hernia. He had on a truss to retain an enormous, inflamed, and painful bubo, and on examination, a chancre ulcer was found that had eaten away the prepuce and most of the glans penis, and was still making frightful ravages. Such a thing seems almost incredible, but we venture to say that more than one of our readers can recall one or more similar cases. The possession and use of this atlas would render such an error impossible.

Part IX begins skin diseases proper and comprises plates and text upon erythema, herpes, urticaria and eczema, another set of affections often very difficult to diagnose, and often as hard to cure. But with the aid of these life-like pictures, most cases may be understood and relieved.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Vol. I, No. 3 (March).
New York: William Wood and Company, 1889.

This number concludes volume one, which makes a handsome book of 773 pages of closely printed matter. Messrs. Wood & Co. have learned by long experience as publishers that it pays to thoroughly index any and all books, hence this number is accompanied with a title-page, a list of contents, and a very full and complete index. The more extensive a man's reading, the more he will appreciate the value of a ready reference.

The contents of the last number are: "Neurasthenia and

its Treatment," and "Antipyresis and Antipyretic Methods of Treatment," by Dr. H. Von Ziemsen; "The Tongue as an Indication of Disease," by Dr. W. H. Dickinson; "On the Treatment of Cystic Goitre," by T. M. Hovell, F. R. C. S.; and "New Remedies from 1878 to 1888," by Dr. C. Caquil.

All these are valuable, but the third, and the last seem to us particularly so. Who will say that our Old School friends are neglecting therapeutics, when he or she has summed up the various works they have recently published on what was to them almost a "lost art?" And who will say that this revival is not due chiefly to the use of homœopathic literature by such noted men as Ringer, Wood, Phillips, Bartholow, Brunton, *et al?*

MODERN MEDICAL THERAPEUTICS.—A Compendium of Recent Formulae and Specific Therapeutical Directions, from the Practice of Eminent Contemporary Physicians, American and Foreign. By George H. Napheys, A. M., M. D., etc. Edited by Joseph F. Edwards, M. D., and D. G. Brinton, M. D. Eighth edition enlarged and revised. Philadelphia: D. G. Brinton, 115 South Seventh St., 1885.

If one has any curiosity as to the therapeutics of our Old School friends, it can be satisfied readily by a perusal of the above work. Prescriptions by such men as Da Costa, Hammond, Brown-Sequard, Bartholow, Pepper, Flint, Roberts Fothergill, etc., etc., are here in abundance, for nearly if not quite all the ills humanity is heir to. To say that it is all trash, would be absurd. It would be equally absurd to say that it is beyond just criticism. The fact, however, that eight editions have been found necessary, attests its popularity among those who follow its teachings.

There is much in the way of hints and adjuvant treatment, hygienic, dietetic, climatic, etc., that will render it highly valuable to one of the new school. In the preface to the fourth edition the statement is made that "the polypharmacy of our forefathers in the profession has disappeared," and that the indications calling for particular remedies are given with great care. It is a great pleasure to one who is interested in seeing medicine advance to the rank of an exact science, to see this evidence of progress among our allopathic confreres. It has taken them a long time to see the better way, and a still longer time to adopt it. One of

their forefathers of poly-pharmacy times would indeed fail to recognize much that passes current in that school to-day, just as they failed to recognize it when Hahnemann urged its truth and value upon them, decades ago.

Humanity gets the good of it, and no humanitarian will fail to rejoice in it, even if many homœopathic methods are adopted without acknowledging their source. The fact that very much contained in the present edition of this work is the product of the most recent of their therapeutists, and may therefore be truly termed modern, lends much value to it.

It is a book of 630 pages, a considerable portion of which is in small type, making it more comprehensive, and is handsomely bound in leather.

GOUT IN ITS PROTEAN ASPECTS. By J. Milner Fothergill, M. D., Member of the Royal College of Physicians of London, England, etc., etc. Detroit, Mich: Geo. S Davis, publisher.

In the author's country, the disease which he studied so earnestly and about which he has written so much, is much more common than in our own. There it has been regarded, it is said, as something to be proud of, inasmuch as it is an evidence that either the subject of it, or his father, had been a good liver; that is to say, he had enjoyed all that an Englishman considers life worth living for, the *best* of meat and drink, and nothing to do, not to mention the various other excesses that follow in the wake of these.

If life in America has until recently been too simple and active to induce the disorder in one naturally free from it, enough of us have inherited the tendency to it from our European ancestors to make it not wholly unknown here. In most cases it is an evidence of a bad liver rather than of a "good liver;" that the liver has become defective and its functions impaired from other diseases, and hence the lithiasis has followed as an unavoidable sequence. We have not been rich long enough to have gout, as we have had malaria, but the plain, simple habits of the early fathers have passed into history, and the next generation, or the next, will doubtless furnish abundant proof of the wealth of our country. Dr. Fothergill had the happy faculty of making the most commonplace sayings, attractive and interesting.

His personal knowledge of the disease, no doubt, contributed much to the graphic and original character of his descriptions, for he was himself the subject of this, or a similar disease. It has many times been remarked that physicians frequently die from the disease which they have been at such infinite pains to investigate during life, and it is not difficult to see why a man is led to investigate a condition from which he himself suffers—it doubtless becomes largely a matter of necessity, especially in gout where prophylaxis enters so largely into the treatment. The author probably prolonged a useful life for many years—he certainly did, if he practiced what he preached.

A STUDY OF MAN AND THE WAY TO HEALTH. By J. D. Buck, M. D. Cincinnati: Robert Clark & Co., 1889.

It is very gratifying to the members of our profession and their friends, that we number within our ranks so many persons of general literary taste and ability. One of the ablest and best contributions to general literature, is the subject of this notice. The writer is too well-known to need any words of introduction from us, and those who know him are aware that for years he has devoted much attention to the subject of Psychology. For years he has been on the bureau of "Psychological Medicine" in the A. I. H., last year as chairman, and his writings have always been of a high order. He has evidently not gone beyond his depth in undertaking this last and greatest work, for his presentation of the subject is both original and masterly.

The saying that "to study medicine is to become an atheist" Dr. Buck repudiates as untrue, asserting that no larger proportion of the medical profession are atheistic than of any other class. He believes that it is a case of "a little knowledge being a dangerous thing" and that if physicians studied the psychical part of man as closely as they do the physical, all would be deeply religious. Certainly there should be no one more competent to investigate in the domain of psychology than the physician whose life study is presumed to be that of man, himself; the fact remains, however, that very few go beyond the materialistic, remaining almost wholly ignorant of the *real* man, which the Deity is

said to have made in his own image. The author argues then, that only in the elevation of man, is God fittingly adored or glorified.

This is the true and Christ-like doctrine which most of mankind has yet to learn. A just and correct conception of the mind and soul of man will remove all difficulty in reconciling science and religion, between which there has been an apparent conflict. In the words of Pope, man is still "the glory, jest and riddle of the world!" and he will be so, so long as he is viewed and studied from a materialistic standpoint alone. Wonderful progress has been made during late years, in understanding the material part of man, but a vast realm remains to be explored in sociology and psychology. He who holds that human thoughts and acts are controlled solely by man's physical organization, rests satisfied with having merely skirted the shore of a vast sea of knowledge which is generally declared to be unknowable—the spiritual, the God-like in man—but which is yet destined, we believe, to become an open book to those who care to read.

Any one who desires to study man in this higher plane, who desires to lose sight, for a time, of the question of the *immortality* of the soul, and to determine that of the existence and character of the soul, will find material aid in this admirable little book. We say *aid*, for a chart of the sea as far as man has yet traversed it, is all that can be given by any one; the human mind is illimitable, and will continue to grasp and expand, even unto the *perfect man*, in whom the likeness of the Creator himself is displayed. We heartily commend the work not only to physicians, but to laymen and students of divinity, etc. It is well printed on excellent paper, handsomely bound in half Russia; price, \$2.50.

CLINICAL THERAPEUTICS. By Professor Dujardin-Beaumetz, of Paris, France. Translated by E. P. Hurd, M. D., with an introduction by the author. Detroit, Mich.: Geo. S. Davis, Medical Publisher.

Among the great lights which France has given to medicine, Dujardin-Beaumetz stands near the head, especially in the line of therapeutics. His immense hospital experience in the greatest institutions of that kind in Paris, has made him an expert observer in the treatment of disease, and a

prodigious memory, together with years of cultivation as a lecturer and writer, has made it possible for him to communicate his knowledge to others in the happy, concise, and *impressive* way which is so characteristic of his book.

The book before us comprises a series of lectures in practical medicine, delivered in the Hospital St. Antoine, Paris, of which the gifted and scientific author has long had charge. It relates chiefly to the treatment of nervous diseases, general diseases, and of fevers. It is a masterly exposition of these subjects, and the great interest excited by its publication is manifested by the fact that it has passed through four or five editions in the author's own country, and been translated into Spanish, Italian, Greek, Russian and English. The sympathy always existing between the French and American people in everything both in science and art, will ensure it a hearty welcome upon the part of the physicians here.

The publisher has given it the care and excellent construction that so important a work demands, and there is no doubt that he will receive his reward — a rapid and extensive sale — at the hands of a grateful profession.

LECTURES ON PHTHISIS PULMONALIS. By Ernest L. Shurly, M. D., Professor of Laryngology in Detroit Medical College, President of the American Laryngological Association, etc.

FORMULÆ OF INTERNAL AND TOPICAL MEDICAMENTS, in use at the Throat and Lung Department of St. Mary's, and Harper's Hospital, Detroit, Mich. Second edition. By E. L. Shurly, M. D.

INHALERS, INHALATIONS AND INHALANTS. By Beverly Robinson M. D.

THE PHYSIOLOGICAL, PATHOLOGICAL AND THERAPEUTIC EFFECTS OF COMPRESSED AIR. By Andrew H. Smith, M. D.

The above list of books forms part of "The Physician's Leisure Library," published by George S. Davis, of Detroit, Mich., and are really very valuable contributions to the literature upon this class of diseases. The several authors are too well known to make it necessary to do more than to refer to them. The suggestions embodied in these little books will be found especially useful to the general practitioner. Practical hints that may form the basis for treatment in almost any case are here in profusion, and any one who has tried these auxiliaries need not be told of their usefulness.

FEVER and BLOOD POISONING, AND THEIR TREATMENT, with special reference to the USE OF PYROGENIUM. By J. Compton Burnett, M. D. London, Eng.: James Epps & Company, 170 Picadilly and 48 Threadneedle Street.

In 1880 Dr. Drysdale first brought Pyrogenium to the notice of the profession. Whether justly or not, it fell into disrepute, but Dr. Burnett again brings it forward, and in such a way that it commands attention.

The good results he met with in fevers seem unmistakable and go far to confirm Dr. Drysdale's now well-known saying of it: "The most summary indication for *Pyrogen* would be to term it the *Aconite* of the typhous or tyhoid quality of Pyrexia." The author is a most candid, interesting writer, as all who have read his little book, "Fifty Reasons for being a Homœopath," know.

THE VEST POCKET ANATOMIST (founded upon Gray). By C. Henri Leonard, A. M., M. D. Fourteenth Revised Edition, containing Dissection Hints and Visceral Anatomy. Detroit: The Illustrated Medical Journal Co., publishers, 1889.

The author of this little book is to be complimented upon the reception accorded by the profession. The eleventh edition savors of a large and rapid sale; four editions have been sold in London alone. Most of the work is "Gray," condensed and transposed, but quite a number of other special works have been quite largely consulted also. Many new plates and pages of text have been added, and the whole thoroughly revised, bringing it up to date. It comprises now, over 300 pages, and is sold at \$1.00. Students especially can find nothing to equal this for prompt and easy reference in their anatomical study.

OFFICIAL DIRECTORY AND LEGISLATIVE MANUAL OF THE STATE OF MICHIGAN, for the Years 1889-90.

Our thanks are due to the genial Secretary of State, Gilbert R. Osmon, for a copy of the "Manual." It contains almost everything worth knowing in connection with our State government, and is a valuable book to have on one's shelves. It not only gives a list of the state officers, representatives to congress, and members of the Senate and house of representatives, but their biographies as well.

THE public went wild not many months ago over "The Quick or the Dead," and now comes another novel from the pen of the same gifted author, Amelie Rives. It is entitled "The Witness of the Sun," and appears in *Lippincott's Monthly Magazine* for April. Price 25 cents; ask your book dealer for it.

By admitting to registry not only vessels built in the country but also foreign-built vessels acquired by gift, legacy or purchase from alien owners by citizens of the United States, the greatest impediment to the resuscitation of American shipping would be at once removed,—*Darius Lyman in the April Forum*.

Now that the country is about to celebrate the inauguration of Washington on such a magnificent scale and in such a patriotic way, everybody should read the *April Century*. It is largely devoted to that subject and contains a vast number of illustrations that in themselves are unique and serve to make the accompanying articles of thrilling interest. It can be had of all book dealers.

ANOTHER of Dr. Andrew J. White's remarkable papers on "The Warfare of Science" will be among the contents of the *May Popular Science Monthly*. This article is devoted to "Diabolism and Hysteria," and will contain accounts of the dancing and other manias of several centuries ago in Europe, and the witchcraft delusions in this country, for which many innocent persons met their death, showing that these epidemics originated in nervous derangements, and were magnified and distorted by false theories.

AMONG the many medical magazines that come to our desk no one holds a higher place than the *Sanitarian*. Note this partial list of contents for March. "The Value of Mercuric Chloride;" "The Climate and Sanitary Qualities of Western N. Carolina;" "Local Conditions and Yellow Fever — Jackson, Miss.;" "The N. Carolina Sanitary Convention Proceedings;" "Prophylaxis in Scarlatina;" "Improvements of Local Boards of Health and Sanitary Condition of Pub-

lic Institutions." Editorials on typhoid fever, diphtheria, chrome yellow as a cake dye; reports from all the States on infectious diseases and mortality rates, and small-pox in Italy and other foreign countries, with literary notices and medical excerpts, make a splendid number. 96 pages, monthly; \$4.00 a year. Address Dr. A. N. Bell, 113A, Second Place, Brooklyn, N. Y.

BOOKS AND PAMPHLETS RECEIVED.

"Rumbold's Method of Treatment of Catarrhal Inflammation of the Air Passages. By Ely McClellan, M. D., Surgeon U. S. A. Reprint from "The Journal of the Amer. Med. Association."

"Is The American Heart Wearing Out?" By J. W. Dowling, M. D., New York. A paper read before the N. Y. State Hom. Med. Society, Sept. 11, 1888.

"Report of the Committee on Ophthalmology and Otology." By Seth A. Bishop, M. D., Chicago. Reprint from Transactions of the 37th annual meeting of the Illinois State Med. Society, May 17, 1888.

"The Trituration of Alkaloids." By Edward Pynchon, M. D., Chicago. A paper read before the Chicago Med. Society, April 16, 1888. Reprinted from *Western Medical Reporter*.

"Does Special Medical Legislation Improve and Elevate the Practice of Medicine?" By G. W. Pickerell, M. D., Indianapolis, Ind. Reprint from *Indiana Eclectic Med. Journal*, Oct., 1888.

"British Homœopathic Hospitals." Hom. League Tract No. 21. A very nicely illustrated description of the homœopathic hospitals and dispensaries of England. Our readers would be astonished to see the handsome buildings scattered throughout the country, and we advise each to write Mr. E. H. Laurie, 6 Blandford Square, London N. W., and secure a copy of this tract. Price, 2 cents.

"Message of Gov. Robert L. Taylor to the Forty-Sixth General Assembly of the State of Tennessee," Thursday, Jan. 10, 1889. Nashville, Tennessee: Marshall & Bruce.

"The Cortical Localization of the Cutaneous Sensations." By Chas. L. Dana, A. M., M. D., of New York. A paper read before the American Neurological Association, at Washington, D. C., Sept. 18, 1888. Reprint from the *Journal of Nervous and Mental Diseases*, Oct. 1888.

"Fourth Annual Report of the Trustees of the Westborough Insane Hospital," for the year ending Sept. 30, 1888. Boston: Wright & Potter Printing Co., 18 Post Office Square.

"Osteology and Anterior Curves of the Leg." By DeForest Willard, M. D., Lecturer on Orthopædic Surgery, University of Pennsylvania, etc. Read before the American Orthopædic Society, at Washington, Sept. 1888.

CORRESPONDENCE.

THE STATE SOCIETY.

The annual meeting of the State Society will be held in Detroit May 21, 22 and 23. The Detroit physicians are already at work, making arrangements for the comfort and convenience of those who attend, and it is to be hoped that every member of the profession, who can get away, will be on hand.

The officers are doing all in their power to ensure a full meeting, also a pleasant and profitable one. The session will last three days, provided the Chairman of Bureaux and their assistants do their duty as well as they expect every one else to do theirs.

Arrangements have been made for reduced rates on the several railroads, and an effort will be made to secure special rates at one or more hotels in the city.

The Chairman of each Bureau should see to it, *at once*, that his associates are preparing their papers, and not leave everything to be looked after until the last few days before the meeting, and appear before the Society with an apology for hastily written papers or no papers at all.

The Secretary earnestly requests that those who have not sent in their reports to him will do so at once.

Volunteer papers will be welcome, and by notifying the secretary that they will present a paper and its title, a place will be assigned them on the programme.

Let every physician in the State rouse up and assist in making the meeting of 1889 the best in the history of the Society.

W. M. BAILEY, Secretary.

29 Maimi Ave., Detroit.

THE INSTITUTE MEETING—LETTER FROM THE PRESIDENT.

To the Members of the American Institute of Homœopathy:— Your President sends you greeting, and wishes you to remember that the annual session of the Institute will be held at Lake Minnetonka, Minnesota, beginning on the 24th and continuing until the 28th day of June, 1889.

We urge upon every member the duty of attending these annual gatherings of our national organization, and we promise both pleasure and profit to all the members who assemble in June next, upon the banks of that beautiful and historic lake—the pride alike of ancient Indian and modern American.

What we need is an earnest, enthusiastic and rousing gathering of the friends of homœopathy, in order that the dignity of our cause may be enhanced; in order that the virtues of homœopathy may be better known and therefore better appreciated; and in

order that the blessings which arise from the methods we have adopted may be as widely disseminated as possible among the people.

We ask all the members in the west to rally at Lake Minnetonka, because they may thus demonstrate the value of holding meetings in that locality. We ask all the members in the East to visit the West, and to show their appreciation of their Western brethren, and of the hospitality and cordial welcome which they will receive in the State of Minnesota. We ask the brethren of the South to go up during the month of June from the torrid breath of the Southern slopes to the cool and refreshing breezes of the great North wheat state. We ask the members of the Pacific slope to come East and enjoy the friendships of former days.

We especially urge the chairmen of the various Bureaus to work with vigor and energy during the next two months, for the purpose of insuring a large number of valuable papers, to be read at the meeting. And we also urge upon the various chairmen the propriety and the duty of securing these papers as soon as possible, in order that a careful and full synopsis of each essay may be incorporated in the report which each chairman is expected to make. We expect all who are interested in our cause to do their utmost to make the next meeting of the American Institute an assured and triumphant success. "Naught more we ask nor less will have."

SELDEN H. TALCOTT, President.

MIDDLETOWN, N. Y., April, 1889.

OUR LONDON LETTER.

DEAR SIR:—If your readers are not already aware, they will be interested to learn that in connection with the proposed International Exhibition in Paris, there are to be held congresses of more than one branch of the medical profession. Foremost in interest to us is that of the followers of Hahnemann. Details of this meeting have not yet reached England but they are daily expected, and under the management of an able committee, consisting of some seven of our Paris confreres, there cannot be any doubt as to the success of the meeting. A congress on *materia medica*, extending over two or three days, has been arranged. The morning sitting will be open for the discussion of subjects proposed by the members of the congress, and the afternoon will be reserved for consideration of questions propounded by the organizing committee.

In order to facilitate and encourage *united* professional work, a commission has been issued by the *Monthly Hom. Review*, to collect from British practitioners of Homœopathy their experience in certain acute diseases. The three following have been chosen

on which to make a beginning, viz.: Acute rheumatism, enteric fever, and acute pneumonia. Hopes are entertained that by this means a large fund of valuable information will be obtained. The "abuse of hospitals" is a subject now occupying the attention of all connected with these institutions; closely connected with this subject is that of the maintenance of our medical charities. That hospitals in the united kingdom are constantly frequented by persons of a class well able to pay a moderate fee, is well known, both to the authorities of the hospitals and to the medical staff. How to deal satisfactorily with this growing abuse has not yet been arrived at. A suggestion not yet made public, I believe, is that, on the same principle that some hospitals receive paying in-patients, they should receive paying out-patients, for it is chiefly in the out-patient department that the abuse is felt. The special hospitals labor under the disadvantage in an especial degree, in this respect, the homœopathic hospitals may be ranked with special hospitals. For the maintenance of the metropolitan hospitals, the suggestion has been made and ably discussed at the Mansion House (the Lord Mayor's official residence), that working men be prevailed upon to subscribe one penny weekly to the hospitals. It is calculated that a sufficient number of pennies can be collected to more than cover the deficits of hospitals. This plan works well in some medium sized prominent towns, but it is doubtful if in London the working out would not be impracticable.

You ask for information respecting the *status* of Homœopathy on the European continent. We have little information in this country on that subject. I have just come across the following paragraph which I transcribe from the *Lancet* of March 30. I have no means of knowing if it be an accurate statement:

"According to an unofficial return made for the Austrian government, the number of practitioners who practice homœopathy is about one-sixth per cent, of the total number of recognized practitioners. Of the 118 homœopaths, about two-thirds are returned as practicing homœopathy partially only. More than half the homœopaths belong to the old and gradually disappearing class of 'surgeons,' the more highly educated 'doctors' of whom there are now in practice 4,993, against 2,190 'surgeons,' who do not, apparently, take kindly to the system. It would appear, too, that the practice of homœopathy amongst Austrian medical men is decreasing."

My personal opinion is that the reason homœopathy does not spread more rapidly in Europe, and especially in England, is the apathy, at once pitiable and disgraceful, which is manifested by the mass of its practitioners. With a few leading exceptions, they appear wholly to ignore all interest in its advancement and all responsibility to the rest of their profession and to humanity

at large. It may be that a pressure of work carried on through much opposition and discouragement from outside is one cause of this apathy. But this explanation is hardly an excuse.

Yours obediently, E. A. NEATBY.

March 30, 1889.

[*Apropos of Dr. Neatby's news, we clip the following communication to our esteemed contemporary, the New England Medical Gazette, of April, 1889: "The government of Wurtemberg, incited by the petitions of the Homœopathic State Society 'Hahnemannia,' took a position favorable towards homœopathy. The minister, Schmidt, declared that this method of treating disease was worthy of a place in the state economy as well as in the University. Furthermore, he ordered that the candidates for positions as head physicians under the government (Physikatsexamen) should be examined in their knowledge of homœopathy. A committee of the State Medical Society of Wurtemberg (allopathic) petitioned the government that it should not sanction this decision, as the so-called homœopathic method of treatment has no claim to science. The government, however, did not grant this petition, but confirmed the original orders, which then entered into force.*

This is, as far as we know, the first and only state university on the continent of Europe, in which homœopathy is officially sanctioned and regarded as being worthy of a place in the state economy, as well as in the University.

Perhaps this also may serve as a contradiction to the pet statement of its adversaries that homœopathy has long been dead in the country of its birth."—Ed.]

VARIOUS TOPICS.

THE ETIOLOGY OF YELLOW FEVER.—Dr. Sternberg, who is well known both in the United States and other countries for his researches in micro-pathology, has submitted a preliminary report on the results of his investigations for the United States Government into the etiology of yellow fever. He enters into details as to certain micro-organisms found in the tissues and fluids of the sick and dead, and he has evidently sought to isolate by cultivation and otherwise any organism that could, with any degree of probability, be regarded as specific. But the result of his labors leaves him of much the same opinion as when he reported on the 1879 Commission to Havana; for continued investigations in Brazil, in Mexico in 1887, and again in Havana in 1888, compel him to the conclusion that "The specific infectious agent in yellow fever has not yet been demonstrated."—*The Lancet*.

FERRUM PICRIUM IN COMMENCING VASCULAR DEAFNESS, WITH LARYNGEAL CATARRH AND ENLARGED PROSTATE.—Edw. H., a light-haired man of 49 years of age, admitted to London Homœopathic Hospital, November 24, 1888, with catarrhal laryngeal symptoms which have been going on some fifteen or sixteen years, viz., much phlegm in throat in morning after waking, throat relaxed, and voice falls off after speaking in public. Has been treated at Golden Square Hospital. Lately hearing is becoming affected, and is much troubled with cracking in the ears; watch-hearing good; bowels a good deal confined.

Prescription: *Ferr. Picr.* 3x, three drops to water 3 oz., a drachm *t. d.*

The interest in this case centers in the fact that not only did the throat and ear symptoms gradually disappear under the *Ferr. Picr.*, but that the bowels became quite regular, and as the patient expressed it, the remedy acted as no medicine ever had in steadying the action of the bowels. He went on with it alone during December, January and February.

The influence of *Ferrum Picricum* in restoring tone to the bowels and bladder, in cases especially where there is prostatic enlargement, is so satisfactory as to lead me to suppose it reduces the size of the prostate itself.

The symptoms of enlarged prostate were not pronounced in this case, but we may fairly infer its presence from the patient's age; while I can testify to its beneficial influence in other undoubted cases of prostatic enlargement.—*Dr. Cooper in Homœopathic World.*

“**LOCO-POISONING.**”—The ranchmen of Kansas and Texas have suffered serious loss, owing to the prevalence of a peculiar train of symptoms commonly ending in death, which have been for some years observed to affect cattle and horses in certain districts. The animal affected loses flesh, has a feeble, staggering, uncertain gait, a rough coat, and general appearance which is said to be characteristic; it loses all sense of distance or direction, and is liable to fits of rearing, plunging, and wild excitement; pregnant animals drop their offspring prematurely. It is known as the loco or crazy disease, and is believed to be caused by eating a plant which is generally identified as the *astragalus mollissimus*, and is commonly known as the loco-weed. The liking for the plant is an acquired taste, but once formed, only strict confinement in a pasture free from the weed can eradicate it. In one county of Kansas alone, five hundred horses and cattle have died in this way, but Dr. H. C. Wood, of Philadelphia, and Mr. Kennedy, of Texas, both failed by experimenting on animals, to prove that the plant was poisonous; the latter, however, quoted a Mexican belief that it was poisonous to human beings, producing a condition

resembling insanity, and ending in death. The Mexican señoras, it was said, sometimes get rid of an inconvenient husband by administering draughts of the fatal decoction. In spite of the failure of the experimenters, the belief in the poisonous qualities of the loco-weed gained ground, and now Dr. Mary Gage Day has published some fresh experiments, which gave very definite results. She used a decoction of roots, leaves, and stems, gathered in September, and gave rather large quantities to cats and kittens with their food; all the animals became affected, the kittens sooner than the cats, with symptoms closely corresponding with those observed in "locoed" horses and cattle. The "jack-rabbit" of Texas, it was found, quickly acquired a liking for the plant, suffered from the same symptoms, and died in ten days. Dr. Day makes an observation which may explain the failures of other experimenters; she is convinced, from experiments made with materials gathered in different months, that the greatest amount of poison is present in the autumn and winter, after the seeds have ripened; it is at these seasons also that the disease is most rife.—*British Medical Journal*, March 23.

MEMORANDA.

Read President Talcott's announcement concerning the A. I. H. meeting, on another page (correspondence).

Mr. Chatterton, of A. L. Chatterton & Co., desires us to say that he has gotten out a complete index for their recent book, "Head-ache," by Underwood, which will be supplied with the second edition.

Anyone with three or four hundred dollars, toward buying office fixtures, medicines, etc., (introduction and established practice *free*), can learn of a desirable location by addressing "Doctor" care of the editor of this Journal.

The *Northwestern Journal of Homœopathy* is the title of a craft, just launched upon the sea of Medical Journalism. It will be published at Cedar Rapids, Iowa, and Prof. A. C. Cowperthwaite will steer it. *Bon voyage.*

The Massachusetts Homœopathic Medical Society convened at Boston, April 10th. An interesting and profitable session was followed by a grand banquet in the evening, and much eloquent after-dinner talk indulged in. Full report next month.

A Sanitary Convention will be held under the auspices of the State Board of Health, at Tecumseh, Mich., June 6-7. "You are

cordially invited to be present," but no homœopath's name appears on the long list of officers, committees, etc. "Twas ever thus."

Shake yourself together and attend the State Society in Detroit, May 21, 22 and 23. Rumors of a river excursion, banquet, etc., are rife; but come anyway, write a paper, join the discussion, shake your brethren by the hand, and you'll go home feeling better (and find your patients better—don't let this deter you).

The long looked for "Photographic Group" of the members (591) of the American Institute of Homœopathy is at last complete, and Dr. T. Franklin Smith, of New York City, will be happy to mail a copy to any address upon receipt of \$2.00. It is accompanied by two keys, so that any picture can be found in a moment.

The secretary, Dr. Moses T. Runnels, informs us that the thirteenth annual session of the Missouri Institute of Homœopathy will be held at Springfield, Mo., on Tuesday, Wednesday and Thursday, April 23, 24 and 25, 1889. Judging from the long list of papers on the programme sent us, our southwestern brethren have a grand meeting in prospect.

The publishers of the *N. A. Journal of Homœopathy* have a large number of copies of Prof. Helmuth's famous address before the New York State Homœopathic Medical Society, which they offer at the following *cost* prices: 25 copies, \$1.25, or 100 copies, \$5.00, delivered. Physicians should place them in the hands of the people, especially legislators, for no better exposition of the attitude of the old and *new* schools of medicine is in print. Send for them and do some missionary work; it will do *you good financially*, and help the cause in general.

The University of Michigan boasts of the first Greek letter fraternity ever established in a homœopathic college. The Alpha Chapter of Mu Sigma Alpha was organized September 6, 1888, with four seniors as charter members, but owing to delays in perfecting the organization, the fraternity did not "swing" until February, 1889. During the year, two juniors and four freshmen have been added to the membership roll, making at present ten active members. The following is the list of members at present: Seniors, (charter members)—Roy S. Copeland, James A. McLachlan, Walter W. Fowler and Charles A. Macrum. Juniors—Ernest A. Clark, Andrew B. Nelles. Freshmen—Glenn G. Towsley, Guest E. Wilder, Arthur W. Burdick, John H. Harvey. It would be a very pleasant sequel, and a source of strength to homœopathy, if chapters could be established in other homœopathic colleges, and a *mutual* organization thus be created.

PERSONALS.

Dr. Perrin, of Cheboygan, will go to California soon, and Dr. H. P. Boyce will take his place.

Dr. Harold Wilson, of Detroit, has removed his office from 100 Miami avenue, to 88 Lafayette avenue. Telephone 1843.

Dr. O. Leseure, of Detroit, is in Hot Springs, Ark., in quest of better health. We trust he will soon find it, and be about among us as of yore.

Dr. E. J. Morgan, Jr., for many years a leading practitioner in Ithaca, N. Y., has removed to Tarrytown, where he has opened the Riverside Sanitarium.

E. Clark and A. B. Nelles, Juniors, and R. H. Stevens, Senior, U. of M., Homœopathic College, are in Toronto, Ontario, attending the Medical Council examinations.

We learn with regret that Dr. H. B. Reynolds, of Escanaba, has been obliged to give up work for a few weeks. A lumbar abscess and fistula which his classmates of '86, U. of M., will remember as his *bete noir* in college, still troubles him at times.

Dr. F. L. Snell, of Kalamo, Mich., desires to sell his residence, and will introduce his successor. His health failed recently and he must give up a lucrative practice and seek another climate. His many friends will regret to learn of his affliction and of his enforced departure from our state.

Our aged friend, Lillenthal, sends us a paper for the Bureau of Clinical Medicine of the A. I. H. Climatic changes drove him southward recently, but we are happy to know that he is greatly improved, and hopes to visit Lake Minnetonka and greet his many friends assembled there, June 24th.

"Miss Annie E. Backhouse, Physician and Surgeon, Coldwater, Mich. Special attention given to diseases of women and of the eye and ear." So reads a card on our sanctum table. We are glad to know that the Doctor is to remain in Michigan, and wish her every success, both in a social and professional way.

Dr. J. C. Wood left about April 1st, for the East, and, among other places, visited Boston and attended the meeting of the Massachusetts State Homœopathic Medical Society. He is expected home on the 25th, and according to Boston papers, has received right royal treatment at the hands of our Eastern brethren.

Dr. H. M. Paine was the recipient of a number of floral gifts and congratulatory testimonials on March 11, the fortieth anniversary of his graduation in medicine. The doctor has spent a greater part of the forty years of practice at Albany, and during the whole period has not been prevented by sickness from participating in active professional duties.

We congratulate our esteemed friend, Dr. A. B. Grant, of Ionia, upon the happy escape of his little boy, recently, from a brace of accidents, each of which came near being fatal. The little fellow was first run over by a hack, and his thumb crushed, and later, was given by mistake a teaspoonful of morphine solution prepared to saturate the bandage and allay the pain in the injured thumb. The child complained of the "bitter dose" and prompt measures saved his life, though it was estimated that he got from three to five grains of morphine in the dose.

As some of our readers have doubtless already learned, ye editor will spend the summer in Europe. Probably ere all our subscribers have received the next number of the COUNSELOR, our outward voyage will have begun, and according to present plans, our return will date sometime in October. The principal reason for mentioning it at the present time, is to request the friends of the COUNSELOR to favor it during our absence more liberally than ever with contributions of articles, correspondence, news, etc.; anything that will be of interest to the profession. Please bear it in mind and send them along at your earliest convenience.

OBITUARY.

Dr. J. Bayard Wood, of West Chester, Pa., passed away at his residence, North High St., on Sunday, April 14th. He was born Nov. 5th, 1817, in West Castle Co., Delaware. He attended the common school, but later, by his own efforts acquired a good English education. His first business was storekeeping at Chatham, at which time he took an active part in politics. In 1840 he was made deputy sheriff, and in 1844 he was elected sheriff, which office he filled satisfactorily for three years. In the same year he took an active part in the campaign in behalf of Henry Clay. In 1849 he again engaged in the mercantile business and received the appointment of postmaster for West Chester, holding the office for one full term. During this period he studied medicine, and in 1854 graduated from the Homœopathic Medical College of Pennsylvania, from which time until time of death he enjoyed a fine practice in West Chester. Dr. Wood has been president of the local and state medical (Homœop.) societies, and has acted as one of the Censors of the National Society. He did not neglect his duties as a citizen nor lose in any degree his interest in municipal affairs. When the Whig party passed out of existence he identified himself with the Republican party. For a number of years he was Chief Burgess, and his administration was characterized by general improvement of the City streets, stricter police regulations, and general enforcement of law. For a number of years the Doctor led the agitation for a better monument to the memory of the victims of the Paoli massacre. In 1877 his efforts were crowned with success, and a

handsome shaft erected on the spot where the 153 heroes lie buried. He leaves a wife and one son, Dr. Henry C. Wood, who is a Homœopathic physician in West Chester. Mrs. Wood is the daughter of sheriff William Rogers, under whom Dr. Wood served as deputy.

Dr. Fred S. Fulton, formerly one of the editors of the *N. A. Journal of Homœopathy*, died March 26th, 1889, at Norwich, N. Y., aged 31 years. We glean the following concerning his life and death, from our above esteemed contemporary:

"Dr. Fulton was the son of a physician, Dr. S. J. Fulton, of Norwich, N. Y. He prepared himself without other instruction for Madison University where he entered with the Dodge Prize for the best examination of his class, and from which he was graduated with high honor in 1882. In 1885, he received his degree of M. D. from the New York Homœopathic Medical College, taking the Faculty Prize for the highest standing during the entire course. In a competitive examination he won the appointment as Resident Physician to the Hahnemann Hospital of New York City and during his year of service, earned the confidence and esteem of the Visiting Staff by his administrative ability and the display of unusual gifts as a practical and scientific physician and surgeon. In 1886 he resigned his position, and soon secured a private practice in this city which gave flattering assurance of a highly prosperous career. In the same year he was appointed Visiting Surgeon to the Laura Franklin Free Hospital for Children, where he exhibited distinguished ability as an operating and judicious surgeon. He also became at that time an editor of this Journal, and contributed very largely to its successful establishment. In July, 1888, he was married to Miss Bertrice J. Shattuck, of Norwich, N. Y., who, with two infant daughters, survives him. In the strain of this untiring activity and the anxiety attendant upon the establishment of a metropolitan reputation upon the basis of worth and the strictest integrity, his nervous energy failed, and after a year's disappointing retirement which he endured with the philosophy of a Christian who lives his faith, on the voyage which he hoped would restore his health, he developed Acute Bright's Disease and died twelve days after he reached land and home. At the time when illness seized him, in addition to his private, hospital and editorial labors, he was engaged in the writing of a work on the histology of tumors, to which he had devoted much original study and for which he had prepared many faithful and beautifully executed illustrations. He was one of those modest but self-reliant natures and rarely endowed men in whose full maturity there was the confident prospect of large usefulness, not only in the healing of his fellow-beings, but in the service of his profession, whose obligations he never shirked, and in the advancement of surgical science, in which he had already gained distinction."

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ARTICLES IN SURGERY.

SENILE OR ADHESIVE VAGINITIS.

BY JAMES C. WOOD, M. D., ANN ARBOR, MICHIGAN.

Dr. Alfred McClintock, at the June 11, 1870,* meeting of the Dublin Obstetrical Society, presented a paper entitled "Senile Contraction of the Vagina," in which he describes certain pathological changes corresponding to those resulting from the type of inflammation designated by the title of this article.

Dr. McClintock first refers to the frequency of contractions, contortions, and occlusions of the vagina resulting from cicatrices and adhesions. These sequelæ of inflammation and sloughing of the vagina are familiar to all practical gynecologists and obstetricians, as are also those minor forms of contraction resulting from projecting transverse folds, and presenting to the finger a sharp crescentic edge like that shown in Figure 1.†

In the paper referred to, the writer next reminds the

**Dublin Quarterly Review*, vol. 50, p. 17.

†The patient from whom this cut was taken presented herself at the university clinic with complete laceration of the perineum, the rent in the recto-vaginal septum extending to the cicatricial projection. Before the laceration could be repaired I found it necessary to overcome the contractions by cutting and dilating them. My object in presenting this cut is to show, by contrast, the difference between this not unusual form of contraction and cicatrization and the rarer types seen in Figures 2 and 3, which McClintock, and two or three other writers, have described under different names.

reader of the well-known fact that the upper part of the vagina is, normally, both capacious and distensible. In both married women and in virgins the finger can be passed freely into all of the fornices, between the cervix and the vaginal walls. In the peculiar form of vaginitis under consideration the conditions are quite altered. "There is," says McClintock, "a progressive diminution of the calibre of the vagina—not throughout its entire

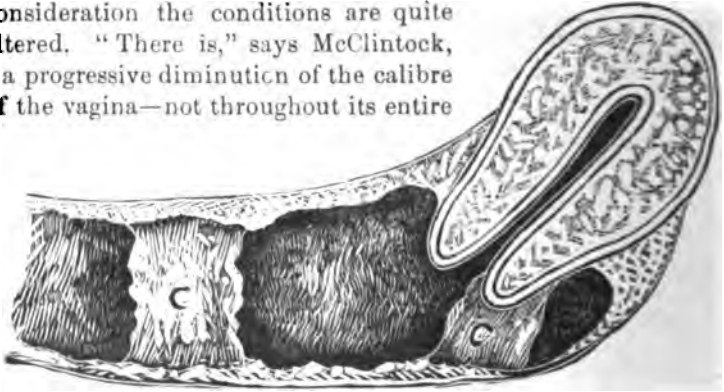


FIG. 1.—Vaginal Section; c. c. Cicatricial Bands.

extent—but commencing at its summit and slowly advancing downward. When the contraction has reached the level of the os tincæ, the introduction of the finger into the vaginal cul-de-sac around the cervix becomes quite impossible, this part (cervix) being so closely embraced by the broad ribbon-like structure. With the persistent increase of the constriction the os and cervix become quite encapsulated, and beyond the reach of touch or sight. The foramen through the stricture, in two of my cases, was so small as barely to admit a probe, and might very readily have been mistaken for the os uteri itself. How much lower down this process of contraction may extend, I can not at present say, the cases which have longest been under my observation being married women, and I should imagine that sexual intercourse would tend to hinder or retard the progress of the contraction downward."

Simpson,* in a chapter devoted to "Closure and Contraction of the Vagina as a Result of Inflammation, and Independently of Pregnancy," introduces his subject by describ-

*"Diseases of Women," vol. III., p. 269.

ing, first, those forms of vaginal inflammation occurring oftener in children, and which result in contraction and closure of the canal at its lowest point. This form of inflammation is also frequently met with and is easily recognized. I desire, nevertheless, to quote in detail from Simpson:*

“ You may meet likewise among adults with cases of a kind of adhesive or obliterative vaginitis of an analogous type. But the disease in adults differs from the disease in infants

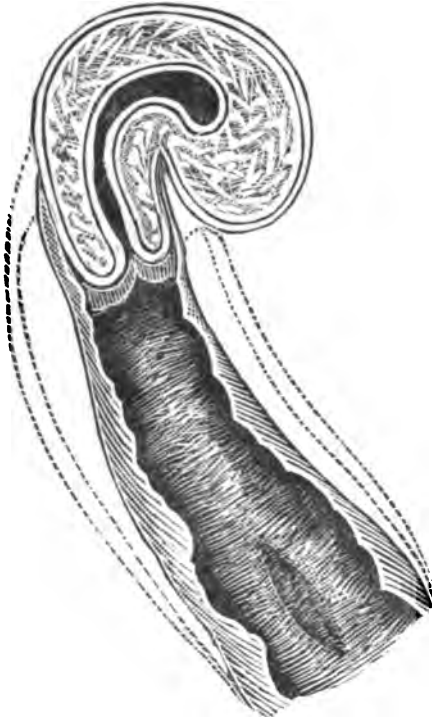


FIG. 2.—Contracted Vagina. Dotted Line showing Normal Outline of Vagina.

in one or two important respects. In infants the inflammatory closure is usually limited to the very orifice of the vagina, and produces complete occlusion of the canal. In adults it generally commences at the upper part of the vagina, and spreads gradually downward, and seldom causes complete closure. In infants there is commonly cohesion merely of the opposed sides of the orifice of the vagina, without any tendency to circular contraction in the calibre or circumference of the orifice. In adults, on the contrary, a state of inflammatory cohesion and

obliteration is almost always attended with a simultaneous tendency to circumferential contraction of the canal at the site of the disease, so that when it is limited, as it often is, to the top of the vagina, the os uteri is felt drawn up, as it were, to the apex of a narrow, conical, or funnel-shaped cavity.

* *Ibid.*, p. 260.

ity. . . . There is evidently a tendency in some rare cases to the occurrence of obliterative inflammation of the uterine canal itself; for in the instances I refer to, you may open up the canal repeatedly with the uterine sound, and yet they will occasionally come back to you with perfect amenorrhœa, and when you pass the sound along the canal you will have the sensation imparted to you of the instrument separating the adherent surfaces, just as you can feel the adhesions of the vagina separating under the pressure of the finger."

McClintock's paper was published in 1870. Simpson's work was not issued until 1872, but the editor, A. R. Simpson, states in his preface, that "the greater number of lectures contained in this volume appeared in the *Medical Times and Gazette* during the years 1859-1861." Whether or not this particular lecture was published at that time I do not know. At any rate McClintock makes no reference to it in his paper. I have thus quoted somewhat at length from these two writers, because they are the only ones in the whole range of literature which I have traversed who give anything like a comprehensive description of the peculiar and, it can safely be said, rare condition which forms the subject of this paper.

Prof. A. J. C. Skene presented, in 1877, a most admirable essay to the American Gynæcological Society, on "Cicatrices of the Cervix Uteri and Vagina."* In it the author deals especially with those forms of contraction occurring below the fornix vaginæ and resulting usually from parturition. Three clinical cases are recorded by Skene, one a nullipara who had during childhood what was supposed to be a "typhomalarial" fever, followed by pelvic inflammation and abscesses—a point worth noting in connection with the cases whose records I shall present. In this essay no mention is made of McClintock's and Simpson's articles; nor does Skene in his latest work † have anything to say of "adhesive vaginitis."

Bedford, ‡ in a series of clinical cases, describes adhesions of the upper portion of the vagina caused by the unskillful

* *Vide Transactions*, vol. 1., p. 91.

† *Diseases of Women*, 1889.

‡ *Clinical Lectures on Diseases of Women and Children*, pp. 347 and 379.

use of instruments, but an analysis of these cases shows them to be not unique in their pathology.

May,* evidently deriving his information from Fritsch, dismisses the whole subject in six lines.

Tilt† refers to "vaginal contraction" as a result either of traumatism or chemical irritants, but says nothing more.

Sims‡ treats of certain unnatural conditions of the vaginal vault, either congenital or acquired, giving rise to sterility, but he conveys to the reader no definite idea of the peculiar vaginal deformity under consideration.

Fritsch,§ on the other hand, evidently looks upon the lesion as a pathological entity, giving a brief but very good description of it.

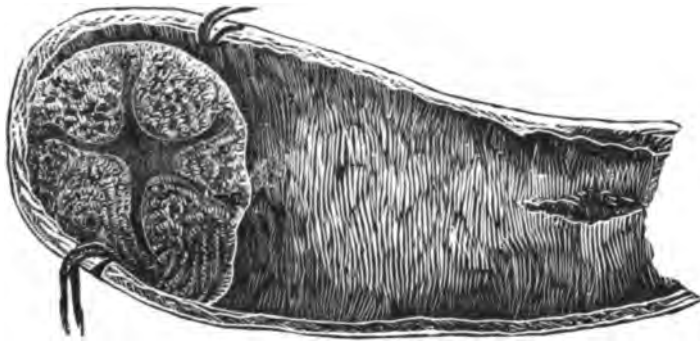


FIG. 3.—The Right and Anterior Fornices Obliterated. The Left Free.

Byford's|| description of vaginal cicatrices is confined to those varieties where there is a "frænum-like projection in the vaginal walls," such as is depicted in Figure 1.

Hart and Barbour¶ say: "The cicatricial contraction of the vagina observed after the menopause is due to senile vaginitis. The epithelium is shed in patches, and the raw surfaces thus produced adhere together (Hildebrandt). This process is similar to that which produces occlusion of the cervical canal after the menopause."

* Manual of Diseases of Women, p. 79.

† A Hand-Book of Uterine Therapeutics, p. 241.

‡ Clinical Notes on Uterine Surgery, p. 342.

§ Diseases of Women, pp. 96 and 98.

|| The Practice of Medicine and Surgery, Applied to the Diseases and Accidents Incident to Women, 2d Edition.

¶ Manual of Gynæcology, p. 496.

Southwick,* in his scheme of the several varieties of vaginitis, briefly refers to the senile or adhesive, asserting that "there may be no subjective symptoms whatever."

Breisky † has a very interesting chapter upon "Acquired Atresias and Stenoses," and refers to Simpson's article. He offers no observations of his own bearing upon senile vaginitis.

Cowperthwaite ‡ gives in substance the brief reference to the condition made by Hart and Barbour, quoting indirectly Hildebrandt's article.

The foregoing literature is the sum total bearing upon the subject which I have been able to discover. For fear of appearing pedantic I will refrain from naming the works ransacked in collecting my data, asserting simply that my researches have not been confined to gynecological and obstetrical works alone, but have extended to many miscellaneous volumes, society transactions, etc., etc. I have not, however, had access to the article of Hildebrandt, quoted by Hart and Barbour. With the evident dearth of literature treating of "senile or adhesive vaginitis," so called, I venture to record the following cases, the only ones of the kind ever passing under my observation.

CASE I.—A maiden lady, fifty-two years of age. Never has been strong. Commenced to menstruate at thirteen, but was very irregular until sixteen, for which irregularity she frequently took "tansy tea." Until the age of twenty she had frequent attacks of epistaxis, and has occasionally bled from the nose since that time. During her girlhood hysteria was a frequent symptom, particularly before or during the menstrual period; the hysterical explosions were not infrequently followed by decided choreic manifestations, implicating the head, face, and upper extremities. Her menses were fairly regular until the age of thirty-five, at which time she had an attack of what her physician called "typhomalarial fever." Her menses were always more or less scanty, and were associated with a good deal of pain. She ceased menstruating two years ago. Her attending physi-

* *Practical Manual of Gynecology*, p. 115.

† *Diseases of the Vagina*, p. 264.

‡ *A Text-Book of Gynecology*, p. 98.

cian during the attack of fever was a "Thomsonian." He administered a powerful lobelia enema which excited the most aggravated retching and vomiting, the patient declaring that she vomited some of the injection. At any rate the prostration following this heroic treatment was both profound and alarming, and she got up from a lingering illness with much pelvic distress. From that time on there has been an aching, pressing, bearing-down sensation in the pelvis, with dysuria, hemorrhoids and prolapsus of the bowels; menstruation being much more painful, irregular and scanty, with pain in the region of the ovaries and the uterus, and continuing for a week before and a week after the flow. Indigestion from girlhood has troubled her much, there being times, lasting for days or weeks, when the stomach would immediately eject everything. These attacks of vomiting have recurred at variable intervals up to the present time. The food is ejected soon after eating, undigested, and with but little retching. There is at all times a great feeling of satiety after a few mouthfuls have been swallowed. The patient is very nervous, suffering much with occipital headache, flushes of heat and insomnia, the latter symptom being aggravated by the menace and worry incident to the care of a large estate. Upon making a local examination I found the condition represented in Figure 2. As the finger passed into the vagina there was no perceptible induration to the touch such as is found in constrictions following inflammation with decided cellular infiltration, or sloughing (Figure 1). There was, however, a decided narrowing of the calibre of the vagina, this narrowing being much more marked at the os tincæ than below, so that the canal was funnel-shaped. The fornix vaginæ was entirely obliterated, and the cervix could not be found. Owing to the necessarily unsatisfactory bimanual I at first thought that the uterus was absent. Upon introducing a small virgin speculum (Nott's) the entire surface of the vagina was seen to be intensely red and congested. A fair idea of the degree of contraction present at the cervix can be had when it is stated that the blades of the speculum could not be separated more than half an inch. There was a small opening corresponding to the external os, but the cervical canal proper was entirely obliterated. Sub-

sequent treatment reduced the tenderness and inflammation so that I have succeeded in opening the canal, hoping thereby to relieve the tenesmus and bearing-down sensation. The parts have, under a course of treatment to be suggested later, improved greatly, and the small infantile cervix has been freed from its encapsulation. I should have added that the uterine body is unnaturally small and anteflexed.

CASE II.—Mrs. C., *æt.* 52, and the mother of ten children. This patient presented herself at the clinic of Prof. McLachlan, on February 8, 1889. Her father died of phthisis and her mother of cancer. She has three sisters and four brothers, all living. She also has dyspeptic trouble dating back to early childhood, and to obtain relief from which she presented herself at the clinic. There is a history of typhoid fever in early life, though the stomach trouble existed before the onset of the fever. Her indigestion frequently gives rise to vomiting, and there is, and has been for years, a persistent acidity of the stomach with water-brash. There is much flatulence with faintness, and an all-gone sensation at the pit of the stomach. Menstruation ceased three years ago. She has suffered much with dysmenorrhœa, and has had for years much pelvic distress. I was requested to make a local examination, and found what is very nicely depicted in Figure 3. The upper and right fornices were not obliterated, though not as deep as normal. The lower and left were, on the contrary, entirely effaced by the gluing together of the opposing mucous surfaces. The os tinæ was somewhat dilated, and the cervix had suffered a stellate laceration. The vagina was much narrower than normal, though not as small as in Case I. I could not get a good view of the parts with the speculum, but there was much redness and congestion. The patient returned to her home in the interior of the State, and it is not likely that another opportunity for an examination will present itself.

CASE III.—I regret that I can not furnish full notes of this case. The patient, a woman some 55 years of age, I believe, was sent to me for examination by Doctor Mary E. Havens, of St. Johns, Michigan. Desiring, myself, to leave town on an afternoon train, I failed, in my haste, to preserve a written record, as I have also failed in obtaining one since the

examination. The patient had had a number of children, and there was much mental and nervous trouble, symptoms of insanity causing her friends much anxiety at times. She came to me with an attendant. There was a history of "inflammation of the bowels," which was probably a cellulitis. There was also leucorrhœa, and the patient complained much of stinging, burning pains in the region of the uterus and the ovaries. An examination revealed a vagina in shape not unlike that shown in Figure 2, with an evident bi-lateral laceration of the cervix. Her physician informed me, some twelve months after my examination, that the local condition had quite disappeared under treatment, and that the patient had greatly improved both mentally and physically.

DIAGNOSIS AND PROGNOSIS.—It is not probable that the lesion is a common one, yet it is strange if most practitioners of any great experience in a gynæcological way have not met with this peculiar senile inflammation and contraction of the vagina, and there may be some difficulty in differentiating it from more serious organic disease of the parts. Indeed, such an error is recorded by Byford. The history of the case, the duration of pelvic symptoms, and the local condition described, should be carefully noted in forming a diagnosis. By carefully observing the peculiar funnel shape of the vagina, the obliteration of the fornix vaginae, and the absence of involvement of the surrounding tissues, the element of malignancy can be eliminated. There are no features of the lesion suggesting an unfavorable prognosis so far as life is concerned; it may, nevertheless, prove a most obstinate one to treat.

ETIOLOGY AND PATHOLOGY.—In 1870 McClintock wrote: "Although years have elapsed since I recognized this state of the vagina as a distinct lesion, I can give but a very imperfect account of it. I know nothing of its etiology, nor have I had an opportunity of making an anatomical examination of the parts affected, so that I am equally ignorant of its pathology."

In the light of our present knowledge, even, we can speak positively concerning neither the etiology nor the pathology. It is worthy of note, however, that in two of my own cases, and in one case recorded by Skene, serious pelvic symptoms

dated from an attack of continued fever. There is an abundance of corroborative testimony showing that any low fever may cause alarming vaginitis with cicatricial contractions lower-down in the canal. White and Nealon have traced such contractions to cholera; Scanzoni, Hening and Richter to acute exanthemata; Martin, L. Mayer and Böhm to typhus. The history of a low or continued fever of any kind should not, therefore, be lost sight of in looking for etiological factors, though a larger series of cases than the one presented will be required to determine this point, and the cause will, in many cases, remain obscure. If in the records presented by myself the disease was a sequel of the fever, the term senile vaginitis is clearly a misnomer. On the other hand, it is hard to explain why in advanced age the fornix vaginæ should take on inflammatory action when all forms of irritation are lacking. Fritsch* observes that cervical catarrh has complicated every case of *vaginitis adhesiva* seen by him. It is well known, too, that the layer of pavement epithelium becomes gradually thinner as age progresses, thus facilitating an extension of the catarrh from the cervix to the vagina.

The inflammation may be universal or circumscribed, granulating surfaces forming in the vaginal vault which adhere to each other. In this way "the vaginal portion may partially adhere to the fornix, so that isolated cords can be felt; or totally, so that the vaginal portion can not be felt at all." (Fritsch). Hildebrandt† observes that very similar adhesions may occasionally result from ulcerative vaginitis, and where they are firm it is probable that a more destructive process than mere abrasion has existed. Again, it would be hardly possible to have the degree of contraction, shown in Figure 2, without secondary cellular infiltration (Ziegler) into the connective tissue of the mucosa, and often, also, of the sub-mucosa. Any other hypothesis would hardly explain the conditions present.

TREATMENT.—There is but little said in the limited literature unearthed concerning the management of adhesive vaginitis, and my narrow experience with the disease will

* *Op. cit.*

† Briesky.

warrant me in doing nothing more than suggesting certain general indications. These are :

1. If the morbid process has given rise to no distress or inconvenience, let it alone.
2. If there is cervical occlusion with uterine tenesmus and general pelvic distress, the stenosis should be overcome.
3. Subdue the existing inflammation and promote absorption of cellular infiltration—(a) by the hot douche; (b) by the medicated cotton-wool tampon.
4. Separate adhesions with the finger, knife, or scissors, when the cicatrices interfere with the functions of the bladder or the bowels, or when dyspareunia becomes a prominent symptom.
5. Control reflex and constitutional symptoms with the indicated remedy.—*Hom. Jour. Obstetrics.*

ARTICLES IN MEDICINE.

THE DIFFERENTIAL DIAGNOSIS OF TUBERCULAR LARYNGITIS.

BY H. H. CRIPPEN, M. D., SAN DIEGO, CAL.

In certain cases the examination of the lungs for phthisis leaves in the mind a doubt. Thus we sometimes can only say there is a *probability* of the presence of tuberculosis; alteration of the respiratory sounds, harshness, irregular respiration, states which, when united to other manifestations, are sufficient for diagnosis, but when not accompanied by any general disturbance of the health, leave us with only a suspicion of the truth. In such states, careful examination of the larynx will not reveal the true condition in *all* cases, but the number of cases in which laryngoscopy will confirm the diagnosis are so frequent that they should not be neglected. For this reason are appended careful distinctions between tuberculosis of the larynx and those states which might be mistaken for it.

Ordinarily, laryngeal tuberculosis presents the following characteristics: The soft palate and the epiglottis, when not yet invaded by the specific infiltration, are of an unusual pallor. The arytenoid region takes on a marked deformity. The projections and depressions natural to it in a normal

state are difficult of recognition, being exaggerated or leveled. Generally the infiltration of the mucous membrane over the arytenoid cartilages forms two sugar-loaf shaped swellings, only slightly separated even in deep inspiration. These projections are usually of an intense red, though in feeble cachectic subjects they are more rarely pale and grayish. At other times the vocal cords present erosions, ulcerations in the shape of the stroke of a finger nail, of irregular border, or again there develops in the interarytenoid space some small excrescences, polypoid in form, ordinarily pale yellow. These polypoid or papilliform excrescences are especially characteristic of tuberculosis.

As soon as the infiltration invades the ventricular bands, these tissues become swollen, irregular, dark red and project over the true vocal cords. When this is seen to be unilateral it serves again as one more strong presumption in favor of tuberculosis.

These appearances are those of simple chronic laryngeal phthisis; the other forms of laryngeal phthisis, primitive, pseudo-polypoid tuberculosis, acute tuberculosis of the pharynx and larynx, etc., will only receive notice in tabular analysis.

SIMPLE CHRONIC LARYNGEAL PHTHISIS.

1. Pallor of the soft palate, pharynx, and epiglottis may be present.

2. Attacks by preference the arytenoid region (sugar-loaf swelling), the vocal bands (congestion, erosion, irregularity of their borders), and especially the inter-arytenoid space (papillary excrescences).

Rarely attacks epiglottis first, but when epiglottis is affected its *laryngeal* face is always first attacked.

SYPHILIS LARYNGIS.

1. Pallor never present; more often there remains on the mucous membrane of the pharynx and soft palate, traces of the mucous patches, or of the pharyngeal inflammatory lesions which are the precedents of the laryngeal attack.

2. The tertiary manifestations of syphilis in the larynx appear first on the epiglottis and nearly always on its *edge* or *dorsal, lingual* surface.

Later, when it extends downward it also attacks the inter-arytenoid space and the vocal and ventricular bands.

3. Phthisical ulceration. (a) Situation, preference for the posterior segment of the larynx, and laryngeal surface of the epiglottis.

(b) Development, slow progression. Slow loss of tissue; tendency to enlarge in breadth, but little in depth. Destruction of the epiglottis only after long duration.

(c) Little tendency to limitation and cicatrization.

(d) Early development of vegetations and of neoplastic tissue.

(e) Contour formed by pale swelling.

(f) Edges chipped, irregular, yellowish.

(g) Base, pushed forward and covered by very thin liquid mucus.

(4) The appearance of grayish papillomata in the interarytenoid commissure is a capital element in the diagnosis of tubercular laryngitis.

3. Syphilitic ulceration. (a) Situation, predilection for the oral surface of the epiglottis. Rarely attacks posterior segment of the larynx in the beginning.

(b) Development, quick progression. Produces rapid loss of substance, early becomes deeply seated and extends rapidly in depth and breadth. Epiglottis destroyed early.

(c) Early tendency to limitation and to from ray-like cicatrices.

(d) Rarely causes the development of neoplastic tissue.

(e) Contour formed by a clearly congested tumefaction.

(f) Edges sharply cut.

(g) Base, covered by thick, greenish-yellow discharge.

(4) But beware that the unpracticed eye be not deceived by the projections caused by the cicatricial formations left by syphilis in this same situation. These last are associated with reparation and will be accompanied by cicatricial formations elsewhere, in the pharynx and on the epiglottis: moreover, they are important to the diagnosis of syphilis.

Cancer of the larynx may require differentiation from laryngeal tuberculosis. In cancer the pain is infinitely more sharp, and when radiating to the ear more acute than in laryngeal tuberculosis. Some other symptoms also belong particularly to cancer, such as the fetid breath and the sanguineous character of the sputum, but these may also occur in laryngeal phthisis, so that the most dependence must be placed on the laryngoscopic symptoms. First, then, in the

beginning, if the cancerous affection takes a polypoid form, we have to differentiate from the excrescences of laryngeal phthisis :

PSEUDO-POLYPOID LARYNGEAL PHTHISIS. **POLYPOID FORM OF CANCER.**

1. May be single or multiple, more or less pedunculated, attached to the vocal cords, to the ventricular folds, or to the mucous membrane of the ventricle.

2. Mucous membrane at the side of the tumor is pale red; elsewhere shows simple congestion, or if tubercular infiltration be general, the whole aspect of the larynx is pale red.

3. Microscopic examination of a portion removed shows tuberculous nature.

1. Usually single and seated on one of the vocal cords. Even if multiple, as represented by irregular thickening, it is as a rule *unilateral*.

2. Mucous membrane at the site of the tumor is dark red; elsewhere shows more red and highly congested.

3. Microscopic examination of a portion removed shows cancerous nature.

Later, being given the degenerative stage of cancer, cancerous ulceration of the larynx, how shall we distinguish it from tuberculous ulceration? In cancer of the larynx the fungous generating base of the ulcer with its everted edges and sanious, abundant, fetid discharge, recalls nothing of the chipped, irregular, pale borders of the ulcer of phthisis laryngis. In the former affection it remains unilateral until late in the disease, while the tuberculous affection shows itself early to be bilateral. Finally in the ulcerative stage of cancer one can not mistake the atrocious, shooting, lancinating pains of the disease.

There yet remain polypi and papillomata of the larynx to differentiate from pseudo-polypoid phthisis laryngis. First of all the seat of laryngeal polypus is usually on the vocal cords, while the vegetations of tuberculosis form most often in the interarytenoid space. Tuberculous vegetations may be fimbriated, even cauliflower, in appearance, and have most often a pale yellow tint, while true papillomata of the vocal cords present rounded or conical forms and have a dull whitish appearance.

Finally, it must be remembered that all the different symptoms of these various affections could not have place

here, that only the prominent features distinctive of each have been impressed upon the mind, and that it is especially necessary in differential diagnosis of the diseases in question to make a microscopical examination of a portion of the laryngeal growth.

NAPHTHALIN.

BY F. F. LAIRD, M. D., UTICA, NEW YORK.

Discovered in 1820 by Gurden in coal-oil tar, this drug has shared the common fate of all old school therapeutics, viz: rise, fall and resurrection. Without definite knowledge of its physiological action as obtained by provings and experimentation upon animals, the physician necessarily allowed this valuable remedy to become the sole property of the furriers, who found in it a most powerful protective against the ravages of insects. Apropos to this fact, Fischer (*Times and Gazette*, December, 1881, p. 718) announced naphthalin a powerful antiseptic, "preventing putrefaction and correcting the putrid exhalations from wounds, ulcers and mucous canals, while it does not irritate the exposed tissues or excite eczema in the surrounding skin. * * * Continued applications of it to raw surfaces or to mucous membranes, or to the skin by friction, are sometimes followed by irritation in the urinary passages and even by hæmaturia" (*National Dispensatory*). This antiseptic power was speedily utilized in the treatment of various parasitic diseases; and Djaukonorr stated that a solution of 1 part of naphthalin to 4 parts each of alcohol and ether "when applied to foul and indolent ulcers causes them to granulate and cicatrize rapidly." Kaposi recommended a 5 per cent. ointment as the best application to prurigo. Psoriasis, lepra and eczema are but slightly affected by it. Recently the drug has again come into use in old school therapeutics as a vermicide and as a potent means of combating the summer diarrhœa of children. In the former, Dr. Korlander writes: "An excellent remedy for tape-worm and ascarides, given in powder with sugar, 2 or 3 grain doses twice daily to a child, and from 1 to 4 scruples daily to an adult." If the doctor would kindly continue his heavy dosage for a few days and report results, we would have the "proving" of which we stand so much in need!

In summer diarrhœa it is employed like resorcin, salicylic acid and other "anti-fermentatives" to arrest decomposition of the intestinal contents, and thus stop irritation. A writer in the *Therapeutical Gazette*, March, 1887, p. 187, claims that it has cured chronic intestinal catarrh when all other means have failed; but cautions that too large doses may produce dysuria. M. Rossignon considers naphthalin to act like camphor, and dissolved in alcohol, it has been substituted for the latter as a local application to sprains and contusions.

Upon the respiratory organs its action is classed among "stimulating expectorants," resembling the balsamics, terebinthines, squills and senega. "Applied to the tongue, it gradually develops a strong, acrid, burning taste in the mouth and throat and the expectoration of ropy or frothy sputa" (Dupasquier, 1842-43). It has been successfully employed against chronic bronchitis and bronchorrhœa, especially in the aged. "In the impending suffocation sometimes occurring in the chronic pulmonary catarrh of old persons and in humoral asthma it facilitated expectoration in a remarkable degree. Being a stimulating remedy, it is not proper in acute bronchitis or where pulmonary inflammation exists. The dose is from 8 to 30 grains, given in emulsion or syrup, and repeated at intervals of a quarter of an hour until an abundant expectoration takes place." (*U. S. Dispensatory*).

In the last edition of his "Pharmacodynamics," Hughes writes: "Its sole physiological action, so far as observed, is irritation, of the periphery of the urinary apparatus (*i. e.*, violent desire to urinate, reddening and tumefaction of external urethral orifice and œdema of prepuce) and an intoxication somewhat like that of carbolic acid, the face assuming a pale yellowish hue and patient growing restless or lying as if stupefied by narcotic."

Having thus brought to your notice all that is known in regard to the physiological action of naphthalin, as gleaned from old school observers, we come now to fill in the picture and shed upon it the brighter light of homœopathic therapeutics. The drug is evidently primarily irritative to the mucous membranes, especially of the urinary tracts, its specific action upon the latter being so powerful as to occasionally produce hæmaturia. In its action upon the respiratory

tract, the drug is evidently analogous to terebene, kali bich., tartar emetic, senega and squills, at first producing dryness, which is speedily followed by profuse pouring out of mucus. If we may judge from its successful use in disease, we should say that naphthalin was distinguished from all similar drugs by the markedly spasmodic nature of its cough. Whether loose or dry, this nervous element is always at the front.

In order to make this paper as practical as possible and at the same time place its "meat" where it can be caught at a glance, the following tabulated list of curative effects (for which I will vouch) are given under their appropriate rubrics:

I. RESPIRATORY ORGANS.

I. *Hay Fever*.—For this obstinate malady it is *facile princeps*. Dr. Small and many others in the homœopathic ranks have here testified to its wonderful efficacy. "*It almost never fails,*" is an assertion to which the writer can truthfully and emphatically add his verdict. While it seems to benefit all cases of this strange neurosis, it is especially adapted to patients who experience more or less asthmatic symptoms. I may safely say that *naphthalin* is to "*hay asthma*" what *aconite* is to a *synochal fever*, as near a specific as anything in medicine can be. During this summer and fall I have treated eighteen cases with this drug alone, and with the most satisfactory results. Two cases deserve to be quoted as exhibiting the typical patient.

CASE I.—E. T., aged 46, nervo-bilious temperament, has suffered for nineteen years with hay-fever, which put in an appearance regularly on the 14th of August. It began with dull frontal headache and sense of malaise, followed in from twenty-four to forty-eight hours by fluent coryza, excessive sneezing, injection of conjunctivæ and most unbearable itching of the eyelids. During the first week this condition gradually increased until the nose, eyelids, and in fact the whole face, became so swollen as to resemble the countenance of Sullivan's antagonist after a prize-fight. During the second week, the inevitable asthma added to his misery. Night after night he suffered from as intense dyspnoea as I ever witnessed, the lips and even the finger-nails becoming

blue; while all through the day his wheezing breathing could be easily heard in an adjoining room. Ipecac., ars., kali iod., sabadilla, aralia, were all faithfully tried, together with many other remedies of less note. Hypodermic injections of morphia and atropine gave him his only relief in the paroxysms of asthma. A trip to the White Mountains put an end to the trouble for 1886. During last winter my attention was first called to naphthalin; and immediately the above case came to my mind as most appropriate for its use. On August 1st of this year I began giving one tablet of 2x trituration three times a day to test its powers as a prophylactic. August 14 passed without any sign of hay fever for the first time in nineteen years. I seem to hear the skeptical suggest that "he wouldn't have had it anyway!" So the patient began to think. He therefore stopped using the drug for a week, and on came his hay fever. On resuming the remedy the symptoms at once subsided.

This fact illustrates a point which I wish to thoroughly impress upon your minds, namely, the necessity of continuing the use of the drug during the whole time which the disease generally lasts. Like quinine in malaria, it prevents its manifestations without stamping out its cause.

CASE II.—F. W. T., clergyman, æt. about 50, lymphatic temperament, a victim to hay asthma for fourteen years, was frequently compelled to give up his pastorate for several weeks and seek the mountains for relief. This year he came to me in June to know if anything could be done in the way of prevention, his old enemy having just commenced operations. He had but recently moved to the city in the hope of avoiding this pest. Naphthalin 2x was administered, and in twenty-four hours he was perfectly free from his trouble, and has so continued up to the present writing.

In cases presenting marked tumefaction of eyelids and nose, with very excoriating lachrymation and coryza, naphthalin cerate locally is a valuable adjunct to the treatment; while in marked irritability of the throat and in the asthma, the application of a 2 per cent. spray will be found very useful.

II. *Coughs*.—I have found it of much service in the bronchitis of old people, characterized by the markedly spasmodic

nature of the cough, which is mostly attended by rattling in the upper bronchial tubes with difficult or absent expectoration. Perhaps I may best express my meaning by saying that it occupies an intermediate position between the tightness of phos. and loose rattling of tartar emetic and ipecac. In some cases there is an alternation of tightness and looseness; but still the drug is equally potent. You will sometimes, I might say often, find this characteristic cough associated with an old fibroid lung. Here you will obtain very gratifying results from the persistent use of naphthalin 2x. It will not, of course, clear up the lung; but it will control the racking cough in a manner unequaled by any other drug with which I am acquainted. If the expectoration is sticky, tough or ropy, think of naphthalin if your kali bich., senega or ammoniacum fail you in a patient past middle life.

In whooping-cough it is regarded by many as a specific; and it certainly greatly benefits a large proportion of the cases. Hale regards pertussis as a germ disease, and accordingly treats it with carbolic acid, terebene and naphthalin, preferring our drug "when the cough is attended by catarrhal or asthmatic symptoms." He also uses a 2 per cent. solution locally by a steam atomizer, and keeps the air in the sleeping room constantly saturated with it at night by the same means. If Hale's indication be strongly pronounced you will rarely fail in obtaining relief from naphthalin.

II. URINARY ORGANS.

A few months since, Mr. Mitchell, agent for E. D. Buffington's pharmacy at Worcester, Mass., informed me that their house was having a brisk local trade in naphthalin, owing to the fact that a man, to whom the drug had been given for quite another trouble, had been cured by its means of a long-standing gleet. The news spread, more cures were made and the angel of prosperity hovered over them! Its perfect homœopathicity to gonorrhœa may be readily seen by referring to the quotation from Hughes' "Pharmacodynamics." Its power to also produce hæmaturia would seem to indicate it in the very worst cases. Thus far I have had no opportunity to test its virtues in acute cases, having long since graduated in this branch of the profession; but three

very pretty cures of gleet have attested the value of the recommendation. I have also given it in one case of cystopyelonephritis without benefit to the disease, but with the curious result of producing a verdigris-green seborrhoea of the scrotum, so thick as to be easily scraped off with a knife-blade. In considering its relation to the urinary tract, the question naturally arises: *Is the dysuria, etc., a specific effect, or is it merely due to the irritating local action of the drug as it is eliminated through the kidneys?* Nothing but a systematic proving can satisfactorily solve the problem; yet its power to cure gleet in the 2x trituration, and even in this strength, to temporarily aggravate the discharge (as it did in one of my cases and in several referred to by Mr. Mitchell), would strongly point to a specific action, as does likewise the production of dysuria when the drug is too freely applied to raw surfaces or rubbed into the skin.

The antiseptic qualities of the drug may be put to good use in destroying the terrible odor arising from ammoniacal decomposition of the urine, as seen in paralysis of bladder, chronic cystitis, etc. For this use of the drug I am indebted to a traveling quack, who, while in the city, treated a case of multiple cerebro-spinal sclerosis which subsequently came under my care. "The doctor had given her something to kill that terrible smell." The "something" proved to be the 1x trituration of naphthalin, five grain powders being given every four hours. Having nothing better to offer I continued the remedy with as much satisfaction to myself as to the family! Though I could not endorse the principles of the "doctor," I could follow his practice when he had a good remedy.

The foregoing résumé contains, so far as my reading extends, all that is positively known concerning this valuable drug. We know just enough to wish that we knew more. A thorough proving, I firmly believe, would greatly aid us in extending its sphere of usefulness. A precise understanding of its pathogenetic effects would also enable us to use the compounds which it forms, especially with picric acid and bromine, to good advantage. Will not this society of the College of New York take hold of this matter and give us a reliable, definite pathogenesis?

MEDICAL FORUM.

DR. C. E. FISCHER ON THE U. OF M.

The following letter we take from our esteemed contemporary the *Southern Journal of Homœopathy*, to which it was sent by the writer, its former editor. Dr. Fisher has visited all the homœopathic colleges and hospitals of this country, and those who have the pleasure of knowing him, will agree with us, that he is a shrewd judge and close observer of persons and things. We feel sure that we need not apologize to our readers for thus quoting the disinterested and voluntary opinion of so competent a critic, even though it relates indirectly to ourselves :

NEW YORK, April 5th, 1889.

Dear Journal:—In my last letter, which was written from Chicago, I told you I would say a few words about the homœopathic department of the University of Michigan, at Ann Arbor, before I commence to tell your readers about the status of affairs in this city, and I must say that it affords me pleasure to comply with this promise.

As is generally known, the homœopathic department of Ann Arbor was the first trial of our school in a university. Boston came next, then Iowa City, and finally the Minnesota brethren won their way into the medical department of the university of that state last year. Homœopathy succeeded in the Michigan fight in 1876, if I mistake not, and that fall our department commenced operations with two chairs, one on *materia medica* and another on practice of medicine. The profession of the state was not united; the experiment was undertaken with fear and trembling, and for a number of years the classes were small; the opposing factions fought for what spoils there were in sight, and things generally were not lovely. The prejudice of the old school and their determination to down us, no matter what the cost, brought about conflicts between the professors and students of the two opposing systems, more than one "knock down" argument being brought to bear before peace was secured; the board of regents was more than once unfortunate in its selection of teachers in our department, and for the first decade of its life the new college at Ann Arbor struggled along through much turmoil and uncertainty, upheld by a few honest and earnest men who stuck by it through thick and thin, until finally, the dawn of commencing success broke in upon it and a new era was announced.

At the present moment the homœopathic department of the university of Michigan is in a flourishing condition. I was most agreeably surprised to learn what I should have known before,

that this institution requires three courses of lectures of full nine months each, against but two courses of but twenty weeks each on the part of many western colleges. This sounds like business, and to the credit of homœopathy be it said, that all of the colleges hoping for recognition from the American Institute of Homœopathy, must hereafter come up to the three course of lecture requirement. The time has passed for men and women to be turned loose upon their fellows as physicians and surgeons, with but two short courses of lectures as their college and hospital training.

I was also agreeably surprised to find a much larger class of students in attendance at Ann Arbor than I had expected to see, the number reaching about seventy*—a most gratifying omen when the length of the college term is considered. The class, as in fact are those in attendance on our colleges everywhere, was thoroughly creditable in personal make-up. It consisted of about fifty men and nearly twenty women, and the quizzes to which I listened proved that they are intellectually bright and that their training has been excellent.

Prof. Obetz, the dean of the college, is the professor of surgery. He is a most thorough teacher and is pronounced an expert operator. I regret that I did not have an opportunity to see him use the knife. Prof. Wood occupies the chair of obstetrics and gynecology and fills every inch of it. He is a young man and a graduate of the institution in which he is now a teacher. It was my good fortune to witness a vaginal hysterectomy and an abdominal oopherectomy by him in the presence of the senior class, both of which operations were deftly and skillfully performed. Prof. McLachlan, the editor of the *Counselor*, is professor of principles and practice of medicine and his work is thorough and practical. He, too, is a graduate of the institution in which he is now teaching. *Materia medica* is expounded by Prof. Arndt, who knows as much about this department of our art as any one man in the school, and who teaches it in a more careful and scientific manner than do a good many of our professors on this subject. The fact is, beyond the love all these men have for their work, and they are all enthusiasts in it, the length of the term gives them ample time to systematize their work and put it in good shape. Besides, they are salaried officers of a great university and are responsible to the powers that be for the manner in which their labors are performed.

There is one serious objection to the college at Ann Arbor—the absence of ample hospital facilities. Yet in spite of this the clinics are much better than would ordinarily be expected in so small a city. Fortunately, however, the regents are treating us fairly

* Seventy-three.

and a seventy-five thousand dollar hospital is in early prospect. If this is secured the homœopathic department at Ann Arbor will be all that its warmest friends in Michigan can reasonably expect it to be—at once a profit and a pride to our interests in that state and to homœopathy at large as well.

The *Counselor* is flourishing under the management of Prof. McLachlan, who is assisted in its conduct by his colleagues.

HYSTERICAL BLINDNESS IN THE MALE.—The following case of hysterical blindness in the male may be of interest in connection with the cases recently published by Dr. Wm. Oliver Moore.

In July, 1884, a man, decidedly below the average in height and physique, and aged about 28 or 30 years, was led into the outpatient room of the Royal London Ophthalmic Hospital at Moorfields by his wife, a large and robust woman. He stated that while on his way home the previous midnight, and just before reaching it, he felt something come into his eyes, and fell down. There was no person near at the time. He found himself unable to see, and called out. He was led home. On examination, he absolutely denied perception of light, and the results of different tests corresponded with this statement. There seemed no question of malingering, for both he and his wife were doubtless very anxious as to his condition; this supposition being also negatived by the termination of the case. His pupils reacted well to light, and his eyes were in other respects perfectly normal. The patient was apparently not in the best of health; as indicative of his anæmic complexion, thickly furred tongue and weak pulse, and he was out of work. It was suggested that the blindness was possibly an early indication of some acute specific fever, but normal temperature, normal rapidity of pulse, and absence of all other symptoms rendered this hypothesis improbable. On the supposition that the case was one of hysterical amaurosis, atropine was instilled into both eyes, some given to the patient for his own use, and he was assured that he would be completely cured. He was directed to attend again the next day. Examination at the second visit showed vision to be normal ($v = \text{f}\text{f}$), the pupils being widely dilated. In this case these facts may be emphasized:

1. The patient was below the average in physique and general health. Contrasted with his wife he might fairly have been described as weak and effeminate.

2. The presence of a peripheral exciting cause—dust, or some other foreign body, on surface of the eye.

3. As in Dr. Moore's cases, the cure was effected by a shock namely, the flooding of the retinae with an unusual amount of light by the instillation of atropine.—Dr. F. W. Marlow, in *New York Medical Journal*, Feb. 9, 1889.

THE MEDICAL COUNSELOR.

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EDITOR.

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EDITORIALS.

MEDICAL EDUCATION AND LEGISLATION.

In our last number we had something to say of the efforts to establish one of the red tape arrangements in our own state, and we believe those efforts have not yet ceased. We have not yet learned the result of the deliberations of the Board of Control, appointed by the State Society, but have the fullest confidence in their good judgment in the matter.

Our own observations in this direction have been unfavorable, and this seems to be the experience of almost everyone. The Illinois State Board of Health, which has attracted, during the last few years, more attention than any similar board in the country, has gone to the wall. The law establishing it still stands, but the appropriation for its maintenance has been refused by the legislature, hence, it practically ceases to exist. Several reasons are given for the action of the legislature, but the chief one, it appears to us, is its political relations. Not that it was the creature of any one political party, so far as we are aware, but it had the appointment of officers in its hands, and this with other relations to the people was too much for it.

It is said that a one-legged ex-soldier was employed as clerk at \$300 a year. By his *own* efforts he got it raised to \$600. This did not please the powers that be in the department of health, and he was dismissed. To resent this, his veteran comrades in the legislature secured the defeat of the annula appropriation. If it were not so serious, this would be a very laughable farce—to think that a scientific institution, empowered to dictate as to who shall, and who shall not, be allowed to practice the most noble science on earth; to regulate all that the medical profession may do in that state, and at the same time to tell the public how they should live, even to quarantining a city and paralyzing its business for a time; to think that this autocratic and learned association should be “knocked out” by a one-legged clerk, who probably was worth no more than was paid him, is almost too ridiculous to believe.

This is the board, too, that is said to have accomplished so much in the way of elevating the standard of medical education. We have never been able to see, however, where much has been accomplished in this direction—the medical colleges in the State of Illinois graduate students in the same limited line as before, and no apparent effort was made to induce or compel them to increase the requirements.

The truth is, that such laws do not meet the needs of either the public or profession. It is all right for the people to be protected from incompetent practitioners, and nothing will so surely do this as for the people to say, through their representatives, that no college shall grant a diploma to any person until he or she has studied medicine at least three years in a reputable and recognized medical school. This same regulation, so far as *future* practitioners are concerned, equally protects the medical profession, for no physician has a right to say that another equally competent with himself shall not be allowed to compete with him. All that is necessary, therefore, is for the legislatures of each and every state to enact a law that all colleges within the several states shall require not less than three courses of study of six or nine months each, as may be.

In New York, also, the proposed bill failed to pass. If our information is correct, it was opposed by the homœopaths of

that state because of its evident unfairness to them, although Dr. Guernsey, of the *New York Medical Times*, advocated its passage if amended by providing for no examiner in Theory and Practice, which he claimed is unnecessary—that if a man is versed in all other branches of medicine (mat. med., etc.), he is competent to practice according to any theory he chooses to adopt, and not by any one system. New York homœopaths, as a whole, however, desired that each school shall have a separate examining board, and the allopaths opposing this, the bill was killed.

In Pennsylvania the allopaths had a bill fixed up for themselves, and by trickery very nearly succeeded in passing it. It provided that the Governor should appoint the whole Board, and when the homœopaths asked that it be amended by adding “that there shall at no time be a majority of the board from any one school of medicine or system of practice,” the allopaths pretended to accept it. Just about the time for the bill to go upon its final passage, our friends discovered that they had been deceived, and that it was to become law without any amendment, and that the members of the dominant school were boasting that “the passage of this bill will crush homœopathy.” Although it was “late in the day,” by some prompt and personal work on the part of our friends they succeeded in passing a number of amendments, including the above mentioned, upon which the “father” of the bill, an old school doctor, jumped up and left the room, declaring that he would have nothing more to do with it. However, when he and his colleagues had recovered from their surprise, and found that if the bill passed it must be with the amendment securing fair play to the other schools of medicine, they began to try to kill it, and no doubt they will succeed. The moral is plain. All they desire is to “crush homœopathy.” That they have the real good of either the public or profession at heart is all bosh. Place and advantage over others is what they are after everywhere.

In Delaware, Rhode Island, Tennessee, Wisconsin, Michigan, etc., etc., it is the same story, and in every instance so far, these one-sided affairs have been defeated.

In Virginia the Medical Board has met the opposition of

even the allopathic fraternity throughout the country, and many have been the bitter discussions over it in their journals. And now in Illinois the Board has gone from lack of support from them.

The moral of all this is plain — where so little success attends anything it is well to handle it with gloves, or, better still, to not handle it at all. The proper thing to do is to legislate the colleges, and until the American Medical Association consents to at least follow in the footsteps of the American Institute of Homœopathy, it takes a vast amount of what is popularly known as “gall” for our allopathic friends to go about the country with their mouths awry clamoring for medical protection. It is like the tiger begging protection from the pussy-cat — the public justly look upon it as absurd, while a large portion at the same time prefer to have to do with the one which is perfectly safe, while it is more effectual. This would-be dictator (A. M. Assoc.) of medical politics of this country, says nothing to the colleges all over the country that graduate the students after eight or ten months’ actual study. No! That is not what it wants — it wants to get its clutch on the neck of the homœopathic profession, which is so far in advance of it in the matter of medical education. We counsel our friends to give their whole attention to defeating such unjust and unfair arrangements as have been proposed so far. A few of the liberal men in the old school would extend to us fair treatment, but the rank and file are as bitter and conniving as they ever have been.

THE STATE SOCIETY.

On the 21st a goodly number of the profession are expected to convene in Detroit, for the purpose of scientific discussion, and other little side issues we suppose will claim some attention. However, the former is the chief purpose of the convention, and it is to be hoped that the papers and the after-talk upon them will be all that they should be. In no other way can the members of our profession maintain that close unity of sympathy and aim which is necessary to accomplish any important work. Men must know each other personally; they must know each other’s foibles and

peculiarities as well as pleasant qualities; they must be able to measure each other's capacities for certain kinds of work, in order that the various sections of the work may be prosecuted in the best possible manner; they must be able to weigh properly whatever is said, to know just how much importance to attach to it, and whether it is said in jest or in earnest, from ill-feeling or good-feeling. All this can come only from familiarity with each other, and this same knowledge will often avert the little storms or passing clouds which are always to be seen on such occasions. Nothing should be permitted to mar the harmony that for years has existed in the society. Rather than the strife engendered by ambition or personal ends, there should be a "spirit of emulation as to who can best work and best agree." A fixed determination to agree, or if not, to agree to disagree, together with an earnest and unselfish zeal for the advancement of homoeopathy, will accomplish the highest results that can be attained.

The officers of the Society deserve considerable credit for their persistence in publishing the minutes as directed by the last meeting, for only themselves know fully the work required in doing so. The members should certainly accord them willing support, to the extent of promptly paying their annual dues, and persuading their friends to become members also. The treasurer does his part in politely reminding them of the amount due the society, and he should not have to repeat it. With the numerous attractions offered in the metropolis, there ought to be an attendance of at least 500 persons.

THE COUNSELOR.

The editor is glad to be able to announce that during his absence the Journal will be conducted in a way to please all our readers, and to retain the golden opinions which have been showered upon it in the past. Our interest and sympathy have so long been wrapped up with the Journal, that its conduct during our brief vacation from editorial work has been a considerable source of anxiety, and were it not that we believe that our association abroad will enable us on our return to accomplish much more in the literary field, we should be very loth to go. At the request of many of our

friends and readers, we will endeavor to find time occasionally to pen items of interest for the COUNSELOR. It will not be difficult for our readers to imagine how thoroughly enjoyable would be an entire rest from the everlasting round of scribbling that we are obliged to maintain in the midst of other numerous and exacting duties, but the habit has become strong with us, and we may find it necessary to raise the safety-valve occasionally, by writing something that we are really anxious to share with others. Between talking to students every day, and to the thousands through the COUNSELOR every month, it has become well-nigh impossible for us to keep professional secrets without some one to help us. Hence, although the idea is just now very repugnant to us, our friends need not be surprised if habit proves stronger than discretion—in other words, if they are still bored with our ideas of men and things medical. Or again if, judging from our present extreme absence of “rotundity in the belt,” in casting up our accounts, which by the way we hope to defer until we are at sea at least, the balance may prove to belong to the sea, so that little will be left of us, they need not be surprised if silence reigns supreme. We have received from our readers many expressions of kindness and good-will recently, and nothing will so fully assure us of their candor as a hearty response to our request in the last issue, viz., that our friends will give the COUNSELOR their cordial and tangible support in the way of original articles, news items, etc., etc., during the coming summer.

BOOK REVIEWS.

A MANUAL OF DISEASES OF THE EAR, for the Use of Students and Practitioners of Medicine. By Albert H. Buck, M. D., Clinical Professor of the Diseases of the Ear in the College of Physicians and Surgeons, New York; Consulting Aural Surgeon, New York Eye and Ear Infirmary. 420 pages. Illustrated. Price, extra muslin, \$2.50. New York: William Wood & Company.

Many of our readers are already familiar with the author's name, for this is not his first appearance by any means. In 1880, it will be remembered, he gave us the “Diagnosis and Treatment of Ear Diseases,” which formed part of Wood's Library for that year, and later the last two volumes

of Ziemssen's Cyclopædia on "Hygiene and Public Health." Since the publication of the first named work, the author has been led to modify his views and treatment expressed in it, hence he felt the need of revising it. Many chapters have been entirely re-written, considerable new matter added, and the illustrations are more numerous and differ in most instances from those in the former work.

Effort has been made to present actual cases observed in practice, and the author's opportunities for doing this have been exceptionally great. The reason assigned for this is that when a description of the features which characterize a large number of cases is given, it is apt to be so *ideal* as to be misleading to the student; so typical, in fact, as to be untrue to nature. All physicians recognize the fact that we seldom meet with a case corresponding exactly with the description of the ordinary text-book, and Dr. Buck is too old a teacher and observer to be led into this error in writing a book for the use of students as well as practitioners. It is thoroughly indexed, and cannot but prove a valuable addition to the literature on this important subject, much more even, than the former popular model on which this is based.

HAND-BOOK OF PHYSIOLOGY (*Kirkes*). By W. Marrant Baker, F. R. C. S., Surgeon to, and late Lecturer on Physiology in Bartholomew's Hospital, etc.; and Vincent Dormer Harris, M. D., London, Fellow of the Royal College of Physicians, etc., etc. Twelfth edition, rearranged, revised and rewritten, and with five hundred illustrations. New York: William Wood & Company, 56 and 58 Lafayette Place, 1889.

This popular work has long been considered one of the leading text-books on physiology, and this last edition will be cordially welcomed. Scarcely any study is more important to a physician, more especially to one of our own school, than that of which this book is a fitting exponent. To the homœopath who looks beyond mere accidental symptoms and seeks to account for all drug phenomena in a rational and logical manner, it becomes the basis from which are drawn all his conclusions as to the therapeutic uses of a remedy. Disease phenomena are to him logical sequences of the action of some disturbing agent, and if versed in physiology, he is able more or less certainly to locate the point at which its force is exerted. Knowing, too, from phys-

iological experimentation with a certain drug, that its force is also exerted upon the same anatomical point, therefore deranging the same functions and organs, he administers this remedy with a scientific precision wholly unknown to his brother who is satisfied to *rely* upon drug indications furnished by provers who were entirely ignorant of the first principles of physiology and who would consequently record symptoms having not the remotest relation to the drug taken.

So long as the sick-making properties of drugs are studied and recorded thus by incompetent observers there is the greater need that physicians shall be rooted and grounded in this cardinal medical study, so that they may at least be able to discriminate somewhat between the wheat and the chaff in our *materia medica*. Without this knowledge he is like a wanderer in a trackless waste, without any definite or objective point, and very likely travelling in an endless circle, making no real progress and finally giving up, baffled and discouraged, at the point of beginning. Nothing is more to be regretted, we think, than the fact that in very many even of our own colleges, physiology is in a great degree neglected.

The reviser of the book before us has done his work thoroughly, and it is quite up to date in the recent investigations in this line. Selections from the many new facts and observations that have been published during the last few years have been carefully made, and a number of new illustrations have been added. It now appears in one volume instead of two as in Wood's Library for 1885, a change which we think will render it more acceptable to the ordinary reader or student. It is bound, too, in the usual elegant and substantial style of its publishers.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX. A work of reference for Medical Practitioners. Edited by Percy Wilde, M. D. Seventh year. Price, \$2.75. New York, London and Chicago: E. B. Treat & Company, 771 Broadway, 1889.

Messrs. Treat & Company have given the profession a great many good things in the shape of books, and this last is among the best. As its name implies, it is a record of the many advances made in medicine during the year 1888, and

as such cannot fail to prove extremely serviceable to any and all physicians who are fortunate enough to possess it. Among the long list of contributors are to be found the names of Fancourt, Barnes, Bateman, Chapin, Dana, Fenwick, Hutchinson, Leaming, Morell Mackenzie, Millican, Savage, Taylor, etc.

The first part is devoted to *New Remedies*, in which is included all the new drugs introduced during the year, and also all the new information added to the materia medica during that time. Two very important articles, one upon "Mechano-Therapeutics" (Massage) and the other upon "Electro-Therapeutics," which deal with the practical details of the remedial adjuncts, and which, being fully illustrated, will remove many of the difficulties connected with their application.

In the second part of the work, under the names of diseases arranged in alphabetical order, an account is given of every new point in treatment that has been afforded by the literature of the world during the past year. Works of this sort have usually been of little use to physicians because of the difficulty of referring to them, but all that has been overcome in this.

The third part contains miscellaneous information, such as is very frequently required in the routine of practice. Altogether it is a useful and practical book and worthy of a large circulation.

AMERICAN RESORTS; WITH NOTES UPON THEIR CLIMATE.
By Bushrod W. James, A. M., M. D., Member of the American Association for the Advancement of Science; The American Public Health Association; The Pennsylvania Historical Society; The Franklin Institute, and The Academy of Natural Sciences, Philadelphia; The Society of Alaskan Natural History and Ethnology, Sitka, Alaska, etc., etc. With a Translation from the German by Mr. S. Kauffmann of those Chapters of "Die Klimate der Erde," written by Dr. A. Woeikof, of St. Petersburg, Russia, that relate to North and South America and the Islands and Oceans contiguous thereto. Philadelphia and London: F. A. Davis, 1889.

It would seem as though the author had included every health resort upon this continent, but there are doubtless many that are not mentioned even. However, one cannot fail to be impressed with the wonderful diversity of climate possessed by this young but great country of ours. So great is the variety of climate, that we believe with the author,

that it is absurd, outside of the benefit to be derived from a sea-voyage, to send patients to the old world for relief from any ailment likely to be favorably affected by change of air, scene, and all the numerous elements that are expressed in the one word climate.

The writer has had occasion many times to consider this subject in order to advise patients concerning a healthful resort, and is convinced that in our own country there are situations offering just the conditions desired for almost any case, however anomalous it may be. To send a patient who speaks only English to a foreign land, is to deprive him at once of much that makes life endurable — companionship, habits and customs which have become second-nature, literature, and everything included in that word dearest to every human being, home.

Dr. James has for many years given special study to the subject upon which he writes. He will be remembered by many of our readers in Michigan and elsewhere, as editor of the department of "Sanitary Science" in the old *American Observer*, so long the mouthpiece of homœopathy in the West, and later as business editor of the *Hahnemannian Monthly*. The result of his ripe experience, both as a writer and observer, has been embodied in his book, and we know of no work that deals with the subject so fully as this. The translation mentioned above occupies about one hundred pages, and the author has not underrated its value in giving it a place with his own. A handsome map of the United States, Canada and Mexico, is a valuable adjunct, which may be taken out and hung up for ready reference.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Consisting of original treatises and of complete reproductions, in English, of books and monographs selected from the latest literature of foreign countries, with all illustrations, etc. Volume II, Numbers 1 and 2 (April and May). Monthly, \$10.00 a year; single copies, \$1.00. New York: William Wood & Company, 56 and 58 Lafayette Place, 1889.

The April number contains "Diabetes and Its Connection with Heart Disease," by Jacques Mayer, M. D. (Vienna), Carlsbad, and "Blenorrhœa of the Sexual Organs and its Complications," by Ernest Finger, Vienna.

The former is a short but original and pithy essay of thirty

pages only; the latter comprises the balance of the book (304 pages), and possesses the merit of being not only practical and complete, but also that of being the latest work on this subject. It contains a large number of fine illustrations, and is worth three times its cost.

Number 2 contains also two monographs, both by noted English writers. The first, "On the Preventive Treatment of Calculous Disease and the Use of Solvent Remedies," by Sir Henry Thompson, F. R. C. S., M. B., takes up about fifty of the 263 pages in the book, and discusses a new phase of an old subject. The importance and frequency of circulatory lesions in the course of diabetes have no doubt been largely underestimated, and the conclusions of such an able investigator upon it are both opportune and gratifying.

The second, "Sprains; Their Consequences and Treatment," by C. W. Mansell Moullin, M. A., M. D., F. R. C. S. Eng., puts forward many opinions that will surprise if they do not convince the reader. He combats with all the force and positiveness of a person who feels his position to be impregnable, one undoubted error in the management of many cases of sprain, viz, too prolonged rest. The injurious effects of faulty position and long continued immobility—changes in the tissues of the joint, etc.—are so graphically described as to make one question whether most of the deformed and painful joints seen after recovery from sprains are not due chiefly to this one phase of treatment. Massage, galvanism, and all the modern methods are discussed fully and intelligently; in fact, this is the most admirable treatise that has appeared upon this subject in recent years.

ATLAS OF VENEREAL AND SKIN DISEASES. With original text. Fasciculæ XI and XII. By Prince A. Morrow, A. M., M. D., Clinical Professor of Venereal Diseases, formerly Lecturer on Dermatology in the University of the City of New York, Surgeon to Charity Hospital, etc. New York: William Wood & Company, 1889.

Part XI contains plates and text on the following diseases: Herpes zoster, herpes febrilis, herpes progenitalis; dermatitis herpetiformis; pemphigus vulgaris, pemphigus foliaceus; purpura simplex and purpura thrombatica.

Part XII, contains psoriasis of the body, hand and arm; lichen planus, lichen ruber and lichen ruber moniliformis;

acme vulgaris and acme rosacea ; molluscum epitheliale and veruca senilis.

One gets little idea of these superb plates by a description. This is the grandest work of its kind yet published, and if any of our friends have the least thought of buying a work on skin diseases, they should see a prospectus of this first. It will be sold only by subscription, at the very moderate price of \$2.00 a part.

MERCK'S INDEX of Fine Chemicals and Drugs for the Materia Medica and the Arts. Guide for the Physician, Apothecary, Chemist and Dealer. By E. Merck. 1889. New York; 73 William St.

As its title implies, we have here a catalogue of all the articles (over 4,000) made by the great manufacturing chemist of Darmstadt, furnishing also the current market value of each. It will be found extremely handy as a reference book. It is a nicely bound book of 156 pages, and is sold at \$1.00.

EDWARD ATKINSON'S ECONOMIC THEORIES. By F. B. Hawley. Fallacy of Mr. Atkinson's calculation that the profits of capital are only about 5 per cent. of the total production of wages and capital ; a calculation to show that the share of capital is between 35 and 40 per cent.; the harm done by insisting on such a fallacy as the statement that 95 per cent. of all production goes to the laborer ; the cost of the luxuries of the rich is sheer waste, and not a mere redistribution to the poor.

Mr. Hawley criticised Mr. Atkinson's book on "The Distribution of Products," in the *Quarterly Journal of Economics*; and this criticism Mr. Atkinson discussed in the first of his ten articles that appeared in *The Forum* (July, 1888, to April, 1889).

A new volume of *The Century* begins with the May number, the frontispiece of which is one of Mrs. Foote's pictures of the far west, "Cinching Up." Then follow two of Cole's engravings of the old Italian masters, with accompanying articles by W. J. Stillman and the engraver himself.

The most timely papers in the number are, a series on

"Samoa; The Isles of the Navigators." The first is by Dr. H. W. Whittaker, of the United States Navy, and is profusely illustrated. The second, also illustrated, is on "Our Relations with Samoa," by Mr. George H. Bates, who was Commissioner of the United States in 1886, and who, since this article was written, has been re-appointed Commissioner by the present Administration. The third paper in this series is a brief one by Captain Erben, of the United States Navy, who commanded the *Tuscarora* when it took Steinberger to Samoa in 1875.

DR. ANDREW D. WHITE comes down very near to our own times in the May *Popular Science Monthly* in his history of the warfare of science. His special subject is "Diabolism and Hysteria," and after giving accounts of European epidemics of St. Vitus' dance and other manias which were attributed to the agency of witches, he tells how cruelly superstition ran riot during the witchcraft delusion in Massachusetts. An important reply to Prof. Huxley's article in the last number, by Rev. Dr. Henry Wace and the Bishop of Peterborough, is published under the same title, "Agnosticism." The subject of the portrait and "Sketch" is the eminent German physicist, Rudolf Clausius. In the Editor's Table "Intellectual Integrity" is treated, and a criticism of Dr. White's articles receives a spirited reply. Though giving its chief attention to the study of man, the *Monthly* always has something for every one who is interested in any division of the field of nature. New York: D. Appleton & Company. Fifty cents a number, \$5 a year.

REPORTS OF SOCIETIES.

MASSACHUSETTS STATE SOCIETY.

The annual meeting of the Massachusetts State Society was opened at Stewart's Hall, Boston, at 1 p. m., April 10. A business meeting occupied the attention of the Society most of the afternoon, when the following officers were elected:

President—H. A. Houghton, M. D., of Charlestown; Vice-Presidents—James Hedenberg, M. D., of Medford, B. F. Percy, M. D., of Brookline; Corresponding Secretary, J. Wilkinson Clapp, M. D., of Brookline; Recording Secretary, F. C. Richardson, M. D., of East Boston; Treasurer, H. C. Clapp, of Boston; Librarian, A. J.

Baker, M. D., of Boston; Censors—Drs. J. W. Hayward, Taunton; A. J. French, of Lawrence; E. P. Colby, of Wakefield; W. Wesselhoeft, of Cambridge, and D. B. Whittier, Fitchburg.

After electing new members, the reports of committee on clinical medicine, subject, "Typhoid Fever," papers were presented by Drs. J. K. Culver, B. T. Church, H. M. Amster, J. J. Shaw, D. B. Whittier and Prosper Bender, setting forth various aspects and phases of this disease, including statistics, history and treatment; committee on Obstetrics, by chairman, G. R. Southwick, M. D.; also papers by Drs. W. Wesselhoeft, G. H. East, Sarah E. Sherman and Emily Bruce; Ophthalmology and Otology, by Dr. H. P. Bellows; Electro-Therapeutics, by Dr. W. H. White; also a paper by Dr. C. E. Gray; Necrologist, Dr. E. M. Jones, contained sketches of the lives of Drs. Walker, Clarke, Matthews and Getchell.

At 8 P. M. the Society sat down to dinner at the Thorndike Hotel, after which, Dr. J. Herbert Smith acted as toast-master when the following toasts were given:

In memory of Hahnemann—replied to by Dr. Conrad Wesselhoeft. Practitioner in Medicine—Walter Wesselhoeft, M. D. Law and Medicine—I. T. Talbot, M. D. In his reply the doctor dealt with the methods of eliminating frauds from the practice of medicine, at which time he offered the following resolution:

An act to prevent the unauthorized use of medical titles. Be it enacted, etc.:

SECTION 1. Whoever, not having received the degree of doctor of medicine from some authority empowered to confer the same by the laws of this Commonwealth, or of the United States, or of one of them, or of some foreign country, shall place or advertise, or cause to be placed or advertised upon any sign, card or doorplate, or in any advertisement in any newspaper or otherwise, in connection with his name, the letters M. D., or the title doctor or physician or surgeon or any abbreviation of such titles, or equivalent title or any abbreviation of such title, or any other designation tending to advertise falsely that such person had received the degree of doctor of medicine, shall be punished by a fine of not less than \$100 nor more than \$500, or by imprisonment not exceeding six months, or by both such fine and imprisonment.

The other speakers were Dr. Adeline B. Church, of Winchester; Dr. Boothley, Professor J. C. Wood, of the University of Michigan, Ann Arbor; Dr. C. P. Fisher, of Texas, and Dr. Verselage, of New York.

CORRESPONDENCE.

To THE EDITOR:—The last October number of the COUNSELLOR contains a note mentioning the dead and dying condition of a few of our journals. The writer has been around among the profession a considerable of late and has taken especial notice of the journals the homœopathic profession are supporting. Nearly or quite all of our profession are taking one or more allopathic journals. Many are paying from

five to ten dollars or more a year for allopathic periodicals. One physician, a pioneer homœopath, who has acquired a wonderful reputation and wealth to the amount of \$150,000 through the practice of homœopathy, takes only a five dollar allopathic weekly. However, he rarely removes it from the wrapper. A rising young homœopath takes a five dollar allopathic journal and a two dollar homœopathic journal. One young man, struggling to build up a city practice, is paying for a high-priced combination of allopathic journals; said he was a little behind with a couple of homœopathic periodicals. Many are taking a goodly number of our journals, and one journal of the old school. The excuse for the o. s. journal is, that we want to know what the allopaths are doing. That is all well enough, but we do not have to support their publications in order to keep up in general medical information. The ground of medical progress is well covered by the various journals of our school. Several of our periodicals are especially valuable for general information on medical subjects. Although the information may be of no practical value to us, yet we will be posted on the methods of the old school.

It is estimated by the writer that homœopathic physicians are contributing about twenty thousand dollars annually for the support of allopathic periodicals. How much money is paid by the allopaths for homœopathic literature? Probably not twenty dollars. Can we afford to starve some of our own publications while contributing such a sum to the allopaths?

The writer has discontinued the only allopathic journal taken by him, and promises that while there is a single good homœopathic journal published he will not contribute another dollar to our enemies, who would annihilate us if possible.

Let us support our own institutions. We can then have still better journals and perhaps more of them. H. W. C.

A NEW DEPARTURE IN SURGERY—In a London hospital a woman, sixty-eight years of age, with scirrhus cancer of both breasts, had them both removed simultaneously by two surgeons, one on each side of the table. The whole operation lasted forty-five minutes, and after a short time she was discharged well.—*Medical Record.*

VARIOUS TOPICS.

It should be distinctly understood that the code of ethics is not the law by which a physician should be governed in his conduct towards other physicians, but the law by which other physicians should be governed in their conduct towards him.—*Ex.*

WHAT IS THE NORMAL POSTURE FOR A PARTURIENT WOMAN?
—Dr. A. F. A. King, in a paper bearing this title, after considering at some length the positions assumed by the various more or less savage, or, at least, uneducated people during parturition, and also the effect of change of position in certain cases of delayed labor, sums up the answer as follows:

1st. There is no one posture that can be normal for the parturient woman.

2d. The continued maintenance of one posture wastes and exhausts the forces of labor, interferes with the normal mechanism, and adds to the duration and intensity of the woman's suffering.

3d. Exactly opposite results are produced by proper changes of posture.

4th. The indications for change are: instinctive desire for it; arrest of the mechanism of labor; emotional discontent, peevishness and despair.

5th. The normal mechanism of labor being at present imperfectly understood, and the influence of different postures upon this mechanism, during the several stages of the several "positions" of the several "presentations" being unknown, the selection of given postures for given conditions cannot be defined without further study.—*American Journal of Obstetrics*, March, 1889.

CLINICAL OBSERVATIONS ON MANZANILLO.—A paper on the clinical observations of manzanillo was read by Dr. A. Betancourt at the Clinical Society of Havana, held November 9, 1888, of which the following is an abstract as reported by G. D'Archy Adams, M. D., in the *London Medical Recorder* for February, 1889:

Manzanillo is a tree growing near the mouths of rivers and coasts of the West Indies and the continent of America. It belongs to the natural order *Euphorbiaceæ*. All parts of the plant contain a milky juice, most abundant in the bark and fruit. It is said the Indians used this juice to poison their arrows. Applied to the skin it causes inflammation and blisters. Internally, in doses of 18 to 20 drops, it gives rise to a sensation of burning in the mouth and stomach, diarrhoea and choleraic vomiting, cramps, giddiness, profuse sweats, coldness of the extremities, emphysema of the head and face, syncope, and death. Alcohol is the best

antidote. Medicinally it is given with honey, one part to three, two or three drops in milk. This dose has absolutely no taste, and produces generally ten or twelve actions of the bowels, without pain; five or eight drops will cause from twenty-five to thirty actions, with colic and vomiting. In certain parts of Cuba it enjoys great repute as a remedy for tetanus. Dr. Betancourt reports three cases in full in which he gave it, in combination with chloral and other sedatives, apparently with advantage; in five other cases, which ended fatally, it answered well as a drastic, and notably modified the tetanic symptoms. In dropsy—dyscrasic, cardiac, renal, and hepatic—it is very useful. The author's experience here extends over fifty-seven cases. In conclusion, he says, "Manzanillo is a drastic purgative, having, moreover, a marked diuretic action, notwithstanding that it depresses the circulatory system. It is constant in its effects, tasteless, and in small doses causes no pain or nausea. Of its influence in tetanus, he is doubtful whether the reputation it enjoys is owing to its energy as a drastic purgative or to its depressant effects on the nervous system. It is certainly useful, and never fails as a purgative, and the smallness of the dose is also a recommendation. In cases of cardiac dropsy, in which it is often necessary to give hydragogue cathartics daily over a lengthened period, manzanillo is frequently better borne than any other drug." Dr. Betancourt has given it extensively for the last four years, and is very favorably impressed with its properties.—*The. Gazette.*

"THERE'S NO HARM DONE."—The following song is said by the *Hospital Gazette* to be popular just now among medical students of Dublin and London. There is a good deal of a moral in the lines:

I extracted the wrong tooth, but there's no harm done;
I like to tell the truth, when there's no harm done.
The patient never knew if I pulled one tooth or two,
And he still has got a few, so there's no harm done.

I once made a patient lame, but there's no harm done.
And he'll never be the same, but there's no harm done.
He thinks it was his fate that he took advice too late,
For a train he's often late, but there's no harm done.

I put out a patient's eye, but there's no harm done;
He thinks it was the fly, so there's no harm done.
In place of Atropin I dropped in Winter Green,
But, of course, it wasn't seen, so there's no harm done.

Once I gave too big a dose, but there's no harm done;
I request you'll keep it close, but there's no harm done,
Up the medicine he threw, or shouldn't I look blue,
What I tell you is quite true, and there's no harm done.

—*Medical Record.*

AN ENGLISHMAN'S IDEA OF WHAT THE PROFESSION NEEDS.—A correspondent of *The Lancet* writes as follows, under the caption of "The Protection of the Medical Profession": "I quite agree with Dr. H— that we want more *unanimity*, but the unanimity we want never has come, and I fear never will. We want

the unanimity that will prevent twenty men rushing after an appointment which another man resigns because it does not pay. We want the unanimity that will prevent one man poaching on another man's manor. We want the unanimity that will prevent a man openly accusing his neighbor of improperly treating a case. We want the unanimity that will prevent a man with some means settling in another man's district where there is no scope, and by *underbidding* try to obtain patients from brother-practitioners who have bought old-standing practices. We want the unanimity that will prevent men from charging 4d. and 6d. for a bottle of medicine, 1s. for a visit, and touting for confinements at 5s. and 7s. 6d. each. If this unanimity could be obtained we should be quite able to protect ourselves. We could then be fairly remunerated for our services, and more respected. As it is, the public know our weak points, our readiness to work at any price or no price, and make fools of us accordingly. If, in the words of the poet, we could all realize that

'In fortune and in fame we're bound
By stronger links than steel,
And neither can be safe or sound
But in each other's weal,'

the 'discordant units' might then be 'consolidated into one harmonious whole.' But when will that happy period arrive?"

KALI CARBONICUM IN BRONCHITIS.—Mr. S., at about 56, a stout, heavy man, has had bad winter coughs for several years. This year the cough had lasted four weeks, keeping him a prisoner in the house. During the day there is wheezing, with occasional fits of coughing, but towards evening aggravation begins (at about six o'clock), and it is impossible for patient to lie down in bed. Even if propped up, a sensation of something in throat-pit (larynx or trachea apparently) causes fear of suffocation and paroxysms of violent cough, only ending when some thick, greyish, very sticky mucus is expectorated. It is not stringy and difficult of removal when once detached from its site, on the contrary, it *often flies unexpectedly from the mouth* after long coughing. This indication I regard as a so-called key-note for kali carb. But it is not to be supposed that this is prescribing on one apparently trivial symptom. It is well known in both schools that carbonate of potash benefits (if it does not also cause and cure) a paroxysmal cough, hence its use in pertussis. A cough worse in the evening and at night (Jahr), worse from lying down in bed, especially on the side, (Bönnighausen), and having its exciting cause quite in the upper parts of the air passages, would indicate kali carb., and many other remedies also. If such a cough were also accompanied with *tenacious mucus*, very difficult to expectorate, or with a sensation as of some partially loose substance not wholly detached, kali carb.

would still be indicated, and many of the other remedies excluded. To refine still further—cough and expectoration as above, plus unexpectedly fling from the mouth of the very cohesive mucus, would precisionize our prescription still further. It indicates, 1st, a very violent cough; 2d, a peculiarly semi-solid mucus, very adherent to its original site, but detached in a defined mass, having no tendency to adhere to the passages it traverses (as with kali bich.) and therefore very liable to be summarily and unexpectedly ejected from the mouth by the violent cough.

The patient described above began k. carb. 30 about 7 o'clock P. M., his evening aggravation having already commenced. He took it every hour and had a better night. He continued it next day every two hours, and had a good night; subsequent progress was good.

Possibly the symptom emphasized may occur without the characteristic cough and expectoration. I have never met it, however, except in this association, or with one or two other symptoms, also under kali carb. Were it found isolated it would form no safe guide to the administration of the remedy—this would be prescribing on one symptom only. The use and abuse of “key-notes” is thus illustrated. The same symptom is said to have been a guide to the use of badiaga and chelidonium, but of these I have no experience.

RAYNAUD'S DISEASE.—Dr. E. A. Neatby relates the following interesting case in the *Homœopathic Review* for April:

Emily S. B., æt. 34, short, slight and thin.

Family history: Mother suffered from bronchitis, and died of paralysis (right hemiplegia) at the age of 67. Her father died of a “bad leg,” at age of 72; had had good health.

Personal history: Patient had a slight attack of varioloid at six years of age; typhoid fever very badly at nine; when about 15 she had “low fever” twice, once in autumn of 1869, and again in spring of 1870. She had measles in infancy; and pertussis when 16 years of age.

The patient began to menstruate at thirteen; was regular till lately. For two or three years the menses have lasted ten days, but are not excessive as to quantity. The quantity varies on alternate months and is dark colored. She has not much pain, only a sick feeling and depression. The bowels act every two days. There is a rough bruit at the apex, loudest between the sternum and the apex; it is louder after exertion. There is none at the base. A loud, venous bruit is heard in the right supra-clavicular region.

When about 16 (in 1870), one day while dressing, she noticed that the left little finger went quite white, or rather of a yellowish white; in short it “died away” (*local syncope*). From that time, on and off, one or more fingers have been liable to “go dead”

from exposure to slight cold, or even apart from noticeable cold or from a sudden fright or start. She gradually got worse. When the fingers are "coming round" (recovering) they get very blue, or even quite black, as if dyed. The fingers and hands do not feel swollen. It is only rarely that this blueness (*local asphyxia*) occurs without the previous deadness.

There is no pain in the fingers while they are actually in the condition of deadness, but they are excessively painful when the circulation is being re-established; there is aching and tingling right up the arm. Sensibility is much numbed, but not abolished, and movement is difficult. The appearance of the hands during recovery is unique. In some parts the dead, waxy white of syncope is seen, while the chief part is black, or of a blue-black color. In the midst of these dusky areas—for instance, on the back of the hand and on one finger—a patch of pink color will make its appearance, and gradually spread over the whole until the hand looks finally "like raw beef," as the patient expresses it.

Eight years ago, in 1880, she thinks her right index finger got "poisoned," and this was followed by a whitlow. No bone exfoliated, and the nail did not come off. The nail is now curved over the end of the finger, but does not fit closely.

Lately, *i. e.*, for several years, on tips of all the fingers she has had what she calls "corns"—thickened epidermis, or skin, which she can pick off. Unsully there is left a sound but slightly puckered superficial scar. Sometimes a breach of surface is left which takes some days, or even weeks, to heal. These corns are evidently, by the course they take, superficial destructions of the skin—dry gangrene. Similar phenomena occur also on the dorsal aspect of the fingers. They occur on both hands, but not on the feet. The feet never get ulcerated or sore; they go "dead," not blue; she is not subject to chilblains. The ears go blue-black, but no destruction of tissue has occurred.

During the ulcerative stage, *hepar sulph.* 30 has given most ease. At one time when the pain in the right finger was compared to hot needles, arsenic was prescribed with advantage. Occasionally in this case, and in several of those recorded by Raynaud, heat caused great increase of the pain. This suggested *secale* to my mind, and this patient has been much benefitted thereby. The mental condition has also suggested *lachesis*.

I have said that this was a typical case of Raynaud's disease. The local syncope and local asphyxia alone would constitute a slight degree of that malady. Complete anaesthesia is absent, it is true, but the way in which deadness of the fingers will come on from exposure to very slight cold, or without cause of this kind, and still more its being excited by mental or nervous states, is characteristic. The symmetry of the destructive lesions, their superficial character and their multiplicity, are not found elsewhere; and the

prolonged course of this slight degree of the malady, is in conformity with Raynaud's observations in mild cases. Though there is a cardiac bruit, it is, I believe, hæmic. All the features go to establish the opinion that this disease is a neurosis.

JUDGE BARRETT'S OPINION.—We find in the New York *Medical Times* for April, 1889, an article bearing the title "An Important Opinion by Judge Barrett." Now this important opinion referred to, was obtained in answer to the following communication from the editors of the *Times*:

EDITORIAL DEPARTMENT N. Y. MEDICAL TIMES, }
March 11th, 1889. }

HON. GEORGE C. BARRETT,

Judge of the Supreme Court, etc.

SIR:—In behalf of our readers will you kindly give us your opinion upon the following question:

Has a physician designating himself an "Homœopathist," and called as such to a patient, any legal or moral right to adopt other than homœopathic means in the treatment of the case?

Respectfully yours,

THE EDITORS.

Josh Billings once said in substance (we are unable to quote his exact words and orthography): "When a man comes to me for an opinion, I first find out what sort of an opinion he wants; then I give it to him. This makes him think that he and I are the two greatest people living." Any physician at all acquainted with the previous utterances of the *Times* and its attacks on organized homœopathy, cannot but suspect, on reading the answer of the eminent jurist, that it is much like many other legal opinions, it is furnished by a gentleman who knows what is wanted and what he is being paid for.

In his reply, Judge Barrett says (as the editors of the *Times* intended he should):

"In my opinion there can be but one answer to your question, and that is in the negative. If I call in a man who designates himself a "homœopathic physician," it is because I do not wish to be treated allopathically, or eclectically, or otherwise than homœopathically. There is an implied understanding between myself and the homœopathist that I shall receive the treatment which, by *tradition** and a *general consensus of opinion*, means small doses of a single drug administered upon the principal of "similia similibus curentur." If there is to be any variation from that method, I have a right to be informed of it, and to be given an opportunity to decide."

No better reply to the above can be found than the following quotation from the code of ethics of the American Institute of Homœopathy:

"Medicine is a progressive science. Its history shows that what-

*Italics ours.

is heresy in one century may and probably will be orthodoxy in the next. No greater misfortune can befall the medical profession than the action of an influential association or academy establishing a creed or standard of orthodoxy or 'regularity.' It will be fatal to freedom and progress in opinion and practice. On the other hand nothing will so stimulate the healthy growth of the profession, both in scientific strength and in the honorable estimation of the public, as the universal and sincere adoption of a platform which shall recognize and guarantee:

"A thorough and complete knowledge, however obtained, of all the direct and collateral branches of medical science,—as it exists in all sects and schools of medicine,—as the essential qualification of a physician.

"Perfect freedom of opinion and practice, as the unquestionable prerogative of the practitioner, who is the sole judge of what is the best mode of treatment in each case of sickness entrusted to his care."

When the homœopathic physician, in any given case, applies the laws of homœopathy, he does so because his experience has led him to prefer it, and he does so for his patient's interests solely. That he may resort to other methods is well-known. That other methods of treatment than by the homœopathic application of drugs were counselled by Hahnemann cannot be denied. In using these measures, therefore, the homœopathist is not inconsistent with himself, although he may be inconsistent with what some other people think ought to be his course of conduct.—*N. A. Jour. Hom.*

A CASE OF MELANCHOLIA.—This patient was admitted to the Westborough Insane Hospital the last of July, 1887. She was of American birth and parentage; was fifty-eight years of age, and had passed the menopause at the age of fifty-three. She was married, and the mother of three children, with only one now living.

Loss of property the previous winter was the supposed cause of the mental disturbance. About three months before her admission, she became very depressed, and sought medical advice, changing from one physician to another, till she came to the hospital. Her physical condition on admission was poor; weight one hundred and three pounds; muscles flabby, and skin dry. The pupil of the left eye was smaller than the other, and oval in shape. Appetite was very poor, and bowels were constipated. A careful examination of the urine showed neither albumen nor sugar.

She was very restless, and mentally was depressed and weak, and despaired of recovery. Was sleepless; and said she had slept none for weeks. She talked most of the great wrong she had done, and the disgrace she had caused to herself and her family.

She was given ign. 2x, every two hours, and was sent to bed for the treatment by rest. After a week in bed, her sleep improved, and she had a better appetite, but instead of mental improvement, her delusions became stronger; she was more restless; and was with difficulty persuaded to remain in bed. The improvement in

her appetite did not continue very long, and in about a month after admission she began to resist doing anything she was desired to do. If lying down, she would oppose getting up; if out of bed, she would object to lying down. She refused to eat, and actually took only enough food to avoid forced feeding.

About this time her husband visited her, and she became very much excited, and implored him to leave her at once, as he would be with her forever lost.

Early in September she became filthy in her habits. This was partly due to her mental condition, but also, no doubt, in part to weakness.

She continued to resist all that was done for her, she lost flesh, and in spite of carefully selected remedies, became weaker in mind and body; refused to speak or to eat; lost the use of her lower limbs, and all control over the sphincters.

So extreme was her debility at this time, that not only were her evacuations involuntary, but any change in position, even when turning in bed, would cause a movement from the bowels. At this time she had reached a very critical condition, and there was a probability of a fatal termination.

She was now fed regularly, three times a day, by the nasal tube. Her food was a rich liquid consisting of milk, or milk, eggs, and sugar, or bovine, and sometimes beef-tea. Of this she was fed one and a half pints each meal, amounting to over two quarts per day. At this time phosphorus was prescribed.

Early in October her mental condition began to improve, her belief in her delusions was not as strong; she would answer questions, and was physically a little stronger. She continued to gain during the four weeks of forced feeding, and then began to eat of her own accord, and expressed a desire to get well.

By the last of October she was strong enough to stand on her feet, and was sitting up a little each day. By the middle of November she had gained full control over both sphincters; was able to walk a little, and was sitting up a little longer each day.

Later there was some ascites and loss of appetite, but *apis ix*, every two hours, removed it in two weeks, and from that time improvement, though slow, was steady. She became apparently free from delusions; was cheerful, and imparted some of her hopefulness to the other patients.

The medicines given during her illness were *ignatia*, phosphorus, phos. acid, china, *nux vomica* and *apis mel*. During the period of extreme helplessness the medicine that was of most benefit was phosphorus.

She was discharged in February, 1888. Her insanity was cured, her bodily health was good, her strength had returned, and she appeared to be thoroughly recovered.—Dr. Geo. S. Adams, in *The New England Medical Gazette*.

MEMORANDA.

WISCONSIN.—The next meeting of the Madison Chemical Society will be held at Janesville, May 15th.

More deaths occur from lock-jaw on Long Island, it is stated, than upon any other corresponding area of territory in this country.

During the past month the *Medical Era* has changed hands. Dr. Gross retires and Dr. Chas. Gatchell, who has been editor-in-chief, assumes entire control.

Rhode Island, March 6th. A bill was presented to the legislature to regulate the practice of medicine, and of course was all in the interest of one school. The chances are that it will be defeated in its present shape.

By a political scheme we see the allopaths have again got the control of the State Penitentiary at Joliet, Ill. Never in the history of the Institution has there been as few deaths as during the past ten years while under the direction of Dr. M. B. Campbell.

Mrs. J. J. Abel, the wife of a young American physician, who is now taking a post-graduate course in the University of Strasburg, has been awarded the purse of \$500, offered by Mr. Henry Lomb, of Rochester, for the best essay on healthful and economical cooking.

The Minnesota Homœopathic State Institute holds its 23d Annual Session in the Senate Chamber of the State Capital at St. Paul, Minnesota, Tuesday, Wednesday and Thursday, May 21, 22 and 23. The Secretary, Dr. Genevieve Tucker, sends us a program which is long and interesting. Our brethren in that State seem to be wide awake, enthusiastic and industrious.

NEBRASKA.—Drs. Densmore, Hanchet, Allen, Wood and others, are organizing a joint-stock company to open a hospital in Omaha. By payment of \$10 per annum a person will be entitled to membership in the Association and to free treatment in hospital during membership. They start off with a capital of \$50,000. The name selected is "The Omaha Emergency Hospital."

A NEW PENSION BOARD.—One of the acts of Cleveland's administration was the removal of Drs. O. R. Long, T. F. Allen and A. B. Grant, who constituted the pension board, and the appointment of Drs. R. W. Walton, of Portland, H. B. Barnes and Robert Logan,

of this city. Yesterday Representative Belknap had Drs. Allen and Grant reappointed, with Dr. Geo. D. Allen, of Portland, a new man on the board.

The Homœopathic Medical Society of the State of Kansas held a two days' session at Emporia, May 1 and 2. Attendance was good. Many instructive papers were read, and clinical cases reported, which were followed by lively discussions. The following officers were elected for the ensuing year: President, Dr. D. P. Cook, of Clay Center; Vice-President, Dr. J. W. Dill, of Benton; Recording Secretary, Dr. M. L. Brown, of Salina; Corresponding Secretary, Dr. L. G. Van Scoyo, of Abaline; Treasurer, Dr. P. Deidrich, of Kansas City, Kan.; Board of Censors, Drs. H. W. Roby, of Topeka, J. A. Kirkpatrick, of Anthony, and Mrs. F. M. W. Jackson, of Emporia.

PERSONALS.

Dr. J. H. McClelland, of Pittsburgh, is seriously ill with pneumonia.

Dr. H. B. Wilson, formerly of Ann Arbor, now of Detroit, made us a call recently.

Dr. J. F. Brown, of Jackson, who went to California for his health, is expected home soon to resume practice.

Dr. E. M. Hale has returned from his month's sojourn at his Southern home much improved in health. He reports a splendid time and a good rest.

Dr. Lotta Fitzgerald, who has conducted a successful practice in Ann Arbor for several years, is now about to remove to Illinois. She is a member of the class of '80, U. of M., and carries with her the best wishes of her many friends in Michigan and elsewhere.

Dr. D. P. Cook, of Clay Centre, was elected president, and Dr. J. W. Dill, of Benton, vice-president of the Kansas Homœopathic Medical Society. Both of these gentlemen are graduates of the U. of M., the former belonging to the class of '81, and the latter to '79. Everywhere U. of M. graduates are held high in the respect of the profession, and many are those holding places of honor. We congratulate our friends on their preferment.

Dr. C. W. Clark, of Winnipeg, Manitoba, is visiting his brother and former partner, Dr. G. F. Clark, of Aylmer, Ont. He has for some time been suffering from "Red River fever," and is just now recovering from a recent attack. Dr. Clark has been doing pioneer work for many years, being the only homœopath in the Province, and now has the pleasure of seeing his life-work in a prosperous condition. He is said to possess one of the finest of practices in the Northwest.

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ARTICLES IN MEDICINE.

SLEEPLESSNESS.*

BY J. A. GANN, M. D., WOOSTER, OHIO.

The daily flow and ebb of the tides; the monthly cycles of the moon; the annual recurrence of seed-time and harvest, are familiar illustrations of the system that characterizes the movements of the physical world.

That microcosm called man is also characterized by these to-and-fro movements, and we cannot doubt that *he*, the most perfect mechanism of motion, would be as perfect in the evolution of his functional cycles as is the greater world, were he living and *had* he lived in perfect harmony with the laws of his physical being.

In the central nerve centres — of which the ganglia of the fourth ventricle and medulla seem most prominent — resides a presiding energy from which are received and to which are transmitted information to and from all parts of the body. Here are received the signals of light that flash along the optic nerve; here are received, as it were by telephonic communication, intelligence from the outer world; at this place the odoriferous particles produce the final impulse of their gentle tapping as they ask for recognition; and here is passed the verdict that what we taste is pleasant or the reverse.

* Read before the Homœopathic Medical Society of Ohio, 1889.

Here, too, presides that force which touching the sympathetic nerve sends the blush of modesty or the flush of shame; here is born the impulse that prompts heart and lungs to move in rhythmic measure.

It is to only one expression of all this nerve power that this paper permits us to direct our attention. How does this mysterious force act in the production of the states "*awake,*" and "*asleep?*"

What is sleep, that state so essential to physical well-being that one-third of life is passed in that condition? so essential to proper functional activity that when any disturbing influence arises to prevent this ebb-tide of the nerve forces for any considerable time the nutritive process of every tissue of the body becomes sooner or later enfeebled thereby.

Is it, as Landois and many other physiologists affirm, a condition characterized by diminished excitability of the whole nervous system — partly due to the afferent nerves, but largely due to the condition of the central nervous system?

Foster says: "The salient feature of sleep is the cessation of the automatic activity of the brain. It is the diastole of the central beat; all parts of the body sharing directly or indirectly in it."

Peyer thinks the presence of lactic acid in the blood, certainly the product of muscular and perhaps nervous change, may be the cause of sleep.

Another author says: "The changes in the blood pressure and circulation are secondary to changes in nerve tissue." According to this view sleep is a cause instead of a consequence of diminished blood pressure or central anæmia.

Whatever may be the real cause of sleep, the condition is one of reaction; a re-massing at the central nervous system of the potential energies that have been actively engaged in different parts of the system, to be here invigorated and again sent out to engage in life's conflict. When failure of this reaction by any means occurs we have the opposite condition — wakefulness, sleeplessness, insomnia, a condition of cerebral hyperæmia.

Within the limits of health the more active the cerebral

circulation the more active the mind. This is frequently proved by exciting surroundings, by the taking of stimulating substances in moderate quantities—as tea, coffee, opium, belladonna, Indian hemp, etc., whose action is well known; yet possibly affecting persons differently. Lord Byron's statement has found many a verification when he said he had found many a verse of poetry at the bottom of a glass of brandy.

“During sleep the diminished functional activity of all the organs of the body points to a diminished excitability of the corresponding nerve centres and a diminished excitability of the cord.” The whole system is asleep, unless as Rosenbach says, it be the nerves which preside over the sphincter muscles which are then in a state of chronic tonicity.

As a general rule this condition of cerebral hyperæmia—of undue wakefulness—begins with symptoms of excitement followed by depression. There may be general perversion of the senses; headache, with sensation of heat and constriction about the head; vertigo; sometimes a peculiar dread of fainting in certain places. One of my cases—a student—was afraid of being on the street alone; was afraid of passing a certain corner for fear of meeting a crowd and fainting.

There may be flashes of light; ringing in the ears; palpitation of the heart; weakness of memory, melancholy and even delirium. Gastric and bowel irregularities are generally present. In the severer forms even apoplectic, paralytic and maniacal conditions may exist.

Now this wakefulness may be *complete or partial*. *Complete* when the patient gets no sleep; as in certain cases of acute fevers, in delirium tremens, in acute mania, or under the influence of strong mental excitement. *Partial* sleeplessness is more common, and is characterized by an inability to sleep, for hours after going to bed; or after being awakened, an inability of going to sleep—possibly for the remainder of the night, or with a repetition of this wakefulness and sleep.

In some cases we find certain portions of the brain asleep and others awake; as in somnambulism.

The actual amount of sleep necessary varies in different

individuals, and is modified by age, soundness of sleep and individual peculiarities.

The most frequent *causes of sleeplessness* may be summed up as follows :

1st. Protracted illness when general anæmia is present, then due to irritability of the brain from mal-nutrition.

2nd. Undue mental excitement, as in students and professional men, proceeding even to brain fag and nervous prostration, when the vaso-motor nerves may be paralyzed.

3rd. Imperfect circulation—principal parts of the body cold, with diminished secretion—as suppressed menses.

4th. Lesions of the digestive tract, by which vaso-motor irritation is induced through the sympathetic system—increasing intra-cranial pressure.

5th. Valvular lesions; pulmonary obstructions due to pneumonia, bronchitis and other causes, by which stasis is produced in the right auricle and superior vena cava, producing obstruction to the return of the blood from the brain. Hypertrophy of the heart produces same result.

6th. Stasis in the inferior vena cava, in affections of the abdominal organs. as liver and bowels — (gaseous distension producing pressure upon the blood vessels), dilated hæmorrhoidal veins, cessation of the menses.

7th. General arterial hyperæmia; changes in the calibre of the cerebral arteries by which increased volume is produced — frequently associated with calcareous degeneration, fullness of vessels and proportionate loss of contractility.

8th. Pain, due to inflammatory or neuralgic condition of any organ or tissue, or to mechanical irritation; the locality of the pain determined largely by objective symptoms.

Prognosis.—The prognosis is generally favorable if the patient will submit to proper hygienic measures.

The tendency, unless checked, is to more fully developed forms of catarrhal congestion and the liability to secondary lesions; as softening, hemorrhage, paralysis, etc. It is more serious in the young than in the adult. The hyperæmias due to paralysis of the vaso-motor centres, to alterations in the quality of the blood, to abnormal central excitability, or to diseases of the digestive canal, will recover. To this might be added functional disturbances of any organ, or inflamma-

tory, where serious pathological changes have not taken place. On the other hand, when the wakefulness is due to organic lesions of the vascular system and respiratory apparatus; when alteration of tissue has taken place in important central structures; when the sleeplessness is no longer the result of perverted function but of organic change, man's ability to aid no longer avails.

Treatment.—The treatment of sleeplessness may be hygienic and therapeutic, either or both; and in no abnormal physical condition does the relation between cause and effect demand closer scrutiny or promise better results. In fact the treatment lies largely in regimenal measures, and the avoidance of all sleep-inducing medicines, except it may be, in some rare cases, at the outset of the treatment when possibly some form of the bromides is preferable, but which should be discontinued as soon as a betterment of the condition ensues; avoiding opiates, whose natural tendency is to diminish the activity of assimilation.

In one of the most marked cases of sleeplessness that I have met,—a prominent lawyer, whose name is perhaps known to most of you,—gentle bathing, and then rubbing with pure olive oil, and after this a light meal, induced as refreshing sleep as a child's.

In the sleeplessness of professional men and nurses watch well the condition of the digestive system; as enfeebled digestion is apt to be present.

In cutaneous diseases and fevers sleep is frequently induced by warm baths and gentle friction; while in more vigorous conditions sleep is frequently induced by massage of bowels and limbs.

The general rule is: keep the blood toward and upon the surface of the body and the lower extremities; and gently stimulate organs remote from head, as by gentle exercise or rubbing, and giving the stomach some light food.

In the sleeplessness from general anæmia the diet is obviously of prime importance—cod liver oil and cream entering into the count.

The occasional insomnia from over-mental exertion is frequently overcome by a hot sponge bath, brisk rubbing, or exercise, and the application of a towel wrung out of cold water and applied to the base of the brain.

While not forgetting the soporific hot pillow, we would suggest the following plan recently published in the *Lancet*:

"The sufferer from insomnia, after taking a deep inspiration holds his breath until discomfort is felt. He repeats the process a second and third time. As a rule this suffices to induce sleep. The idea is that it causes a slight degree of asphyxia. It may also help from the mental effort of concentration with which all are familiar; as in counting, repeating a list of familiar words, etc.

Treatment: Therapeutic.—Of necessity we point only to the head-lines; comparative materia medica affording us a closer view.

Insomnia of students and business men. Gels.

- from gastric irritation. Ars. and plenty of hot water.
- from chronic gastric disturbances with gaseous disturbance. Nux, china.
- from enteric causes. Bell., cham., lycop., sulph.
- from pulmonary causes. Bell., bry., verat. vir., phos.
- from melancholy. Cimicif.
- from mental inability with tendency to delirium. Hyos.
- from mental excitement. Coff.
- after fevers and exhaustion. Mosch.

Chloral hydrate produces a sleep more like natural, but like the bromides, its action on heart and stomach must be watched, as they are depressing.

The Faradic current has helped us in several cases. At the risk of being classed with the polypharmacists, I submit the following, which, when I did not succeed in finding what I thought was the exact similitum (but which was perhaps nearer than I was aware) produced most delightful results in persons of highly excitable nervous organizations, with symptoms apparently all negative—so far as symptomatology was concerned—but *positive* that they could not sleep:

Potass. brom.....	ʒiv
Ammon. brom.....	ʒrs. xv.
Aqua	ʒiv.

Flavor with a few drops of oil of peppermint and sassafras.

Take one or two small teaspoonfuls before retiring. May repeat during the night if necessary.

The above formula is not original with me, but was obtained of a physician of New York city, whose reputation in the treatment of nervous conditions is not confined to the city or state in which he lives.

What the unusually small quantity of the brom. exerts with the potass. brom., was not explained to me; but that the combination acts better than the latter remedy alone is capable of demonstration.

TYPHOID FEVER.*

BY EMILY S. COLT, M. D., KANSAS CITY, MISSOURI.

If Homœopathy required but one achievement to establish its claim to the esteem and confidence of the race, a comparison of the results accomplished by the different medical schools in the treatment of typhoid fever would alone furnish sufficient ground. Before the discovery and application of the law of similars to the treatment and cure of disease, the course of true enteric fever was regarded as beyond the resources of medical art, other than to meet the complications that were liable to supervene during the evolution of the disease. As eminent an authority as Trousseau declares that "Eruptive fevers have a fatal tendency in this sense, that they have determinate characteristics against which we can not prevail," and includes typhoid fever in that class. Even at the present day the dominant school greet with a sneer the claim that typhoid fever may be, and generally is, more or less abbreviated under homœopathic treatment, and charge the results we accomplish to an error in diagnosis. Fortunately the clinical thermometer enables us to speak with assurance in the matter, as its use reduces the diagnosis of typhoid fever to a mathematical certainty; no other disease with which we are acquainted having the peculiar diurnal variations of temperature which characterize this fever. Its nomenclature has been quite varied, it having been designated by the earlier pathologists as typhus fever, mucous fever, putrid fever, ataxic fever, adynamic fever,

* Read before the Missouri Institute of Homœopathy, 1889.

and others, each title having reference to some peculiar element or phase of the disease. The term typhoid, though at present in general use, does not, any more than the others, express the distinctive lesion of the malady. In this respect the French pathologists have been more happy in their selection, dothinenteria denoting the peculiar intestinal affection found in this disease alone.

Typhoid is practically an eruptive fever, the essential lesion being an intestinal eruption localized in the solitary and aggregate glands of Peyer. The mesenteric glands share the early pathological changes of the other structures, but have never been known to proceed to ulceration. Autopsies upon the bodies of those who have died of the disease have demonstrated that this eruption when left to a natural course of evolution, passes through a series of changes which cover a period of from twenty-five to thirty days. The eruption, which is first papular, appears about the fourth or fifth day of the disease; later it develops into pustules or furuncles, which form and discharge a core, leaving deep ulcerations. After from three to six days these ulcerations begin to cicatrize, which process is completed about the thirtieth day.

Every homœopathic practitioner can testify to having materially shortened this process, and in a good proportion of cases reduced the duration of disease to a minimum. It cannot be claimed that these cases so resulting belong to the abortive type of typhoid, as our critics would make it appear, as they occur in the course of epidemics, during which apparently similar cases are allowed to run a much more protracted course under allopathic treatment. Certainly, if *all* cases that fall into the hands of the Homœopaths are of the abortive type, it is a most unparalleled coincidence.

The extent and intensity of the intestinal eruption does not seem to coincide with the severity of the general symptoms. Very mild cases of the disease in which death occurred suddenly from perforation have shown extensive and confluent ulceration, while in most violent attacks, it has been found after death that very slight affection of the glands existed. In this respect it differs essentially from the exan-

thematous fevers, in which the eruption bears a very intimate relation to the constitutional symptoms. This element of disease is almost universally present—only in extremely rare cases has it been found absent.

The cutaneous eruption usually makes its appearance about the time the intestinal eruption is completed, *i. e.*, about the seventh day from the onset of the fever. While valuable as a diagnostic symptom, it does not bear any important relation to the characteristic glandular lesion, as it may be, and sometimes is, altogether wanting. Enteric epidemics have been known to show no appearance of it. It is reflex in character, and having disappeared, is liable to return if an aggravation occurs from any cause. The intestinal eruption never reappears after the healing process has once been established.

The pulmonary affections that accompany typhoid, while sometimes constituting a very grave complication, do not often proceed to a critical stage under homœopathic treatment. The trouble is usually confined to the bronchial tubes and their ramifications, though it may extend to the parenchyma of the lung. Most of the complications that formerly entered into the formidable character of enteric fever are now among the things of the past, thanks to the merits of Homœopathy.

Hæmorrhage constitutes one of the gravest dangers with which we have to contend, particularly when it results from a disorganized state of the blood favoring its exudation from the mucous surfaces.

This, in fact, is the usual manner in which it occurs. Although after death the bare mesenteric vessels are sometimes found at the base of the intestinal ulcerations, the hæmorrhage does not often result from their rupture.

The contagious character of typhoid fever has long been as well established as the fact of its existence, though the specific nature of the virus, its origin and mode of propagation, are of comparatively modern discovery. The germs are of a bacterial character and have their origin in the excreta of the patient, which contain the exfoliated tissue of the diseased glands. They are not immediately infectious, but must pass through a process of development before they be-

come active and enabled to repeat the disease when absorbed into the system. This development must take place outside the body, decaying vegetation, sewers and cesspools serving as hotbeds to foster a vigorous growth.

But while putrefaction in all its forms undoubtedly favors the spread of the contagion, it cannot of itself produce the disease. It is never of spontaneous production, but almost invariably can be traced to some previous case. The germs possess great vitality, and may retain it in full force, if unmolested, for years.

They are not easily destroyed, and sometimes develop their power under most unfavorable conditions. The spores are introduced into the body either by the use of water contaminated by the stools of typhoid fever patients, or by inhaling infected sewer emanations. It is within a comparatively recent time that the manner in which the disease is disseminated has been well understood. The pollution of water supplies is the most frequent and general, the contagion not only being conveyed to those who drink of it, but rendering milk infectious that has been diluted with it or placed in vessels that have been washed in it. A large number of epidemics have been traced directly to this source. The question of the infection of milk by the animal itself, though not yet satisfactorily demonstrated, deserves some consideration from the fact that the contagion of analagous diseases has been shown to be transmitted in this manner.

The exhalations from privy vaults and other receptacles of decaying matter into which typhoid excreta have been thrown, are quite as effective, through the respiratory organs, in conveying the morbid poison as water supplies.

Typhoid fever is essentially a disease of youth and adolescence. Old age and childhood, while not enjoying entire immunity, are comparatively exempt. Puerperality is the only state that is free from its invasions—even the foetus in utero being occasionally its victim. But all latitudes and climes are alike subject to its visitations, though it prevails with greater frequency and severity throughout the temperate zone.

It is one of the diseases in which an early diagnosis is of

vital importance, as the hygienic and sanitary measures to be adopted exert incalculable influence in promoting the cure of the patient and preventing the spread of the contagion. In the onset of the fever, and until the disease is well under control, a light, unirritating diet is absolutely necessary, as any solid food would aggravate the inflamed enteric glands, and excite the diarrhœa which so rapidly reduces the strength of the patient. Later articles of a more nutrient character may be substituted, but on no account can solid food be administered with safety until several days after the temperature has reached a normal level.

In no disease is good nursing of more value in securing the comfort of the patient and supplementing the skill of the physician. Sponge baths of tepid water and inunctions of olive oil, in turn materially aid in reducing the temperature and relieving the nervous irritability.

The sanitary treatment consists in supplying the patient with pure air, thoroughly disinfecting the bed-clothing and stools, and disposing of the excreta where it cannot by drainage reach any water source that might be used for domestic purposes. The most stringent measures should be insisted on in this matter, as epidemics can many times be thus averted, and the prevalence of the disease in a community be limited to a single case.

I shall have very little to say of the therapeutics of typhoid fever, as the remedies called for in the treatment of this disease are of rather limited range and familiar to all. I would like, however, to emphasize the merits of a remedy which does not seem to be sufficiently appreciated by the profession at large, which does possess wonderful therapeutical resources in the way of controlling and abridging the course of enteric fever.

Its pathogenetic action on the tissues and secretions of the body is such, that did the Law of Similars recognize specifics, we would be justified in classing it among them. I refer to *baptisia tinctoria*, or wild indigo. In those cases, particularly, which are characterized by great fetor of all the secretions, profound disturbance of the cerebral functions, and a low adynamic condition, it comes to our aid with a magic that tends to establish our faith in the marvelous.

THERAPEUTICS OF POST-SCARLATINAL NEPHRITIS.*

BY WM. OWENS, M. D., CINCINNATI, OHIO.

As the above caption implies, this morbid process is a sequel of and an essential of scarlet fever. It is also known as one of the forms of acute parenchymatous nephritis. As its name implies, it is of specific etiology, accidental in its inception and limited in its duration, favorable in prognosis, and, unlike most other forms of acute nephritis, seldom if ever passes into the chronic stage or Bright's disease. With proper medication, hygiene and nursing we should seldom have cases of this affection. The problem to be discussed by this paper is its therapeutics. And without further elaboration on this point, we shall call your attention to its symptoms.

The first and most prominent of these observed in the commencement of post-scarlatinal nephritis is the so-called "smoky urine," and is the forerunner of all after mischief. Nearly all writers mention smoky urine, but none suggest a remedy having that symptom. And in fact there is but one drug in our *Materia Medica* which has as yet had that symptom developed in the proving. That drug is carbolic acid, a drug not suggested by any writer for that condition so far as we now know. This being one of the earliest symptoms, an appropriate drug ought to interrupt this morbid process.

The following are the indications for the use of carbolic acid in this affection: Copious flow of urine, followed by diminished flow. You will observe that among the earliest symptoms of nephritis that we have a large, often excessive, flow of urine, which gradually diminishes until complete anuria becomes established.

Carbolic acid has first copious flow of urine followed by diminution to complete anuria. The urine is dark green, almost black, high-colored, bloody, "smoky urine." It may be also brown; alkaline or slightly acid. It has frontal headache, sensation as if a rubber band were drawn tightly around the head across the forehead and temples. Disinclination for all mental work, pale face, livid countenance, cold clammy sweat, loss of appetite, a desire for whisky or

*Read before the Homeopathic Medical Society of Ohio, May, 1889.

stimulants. A most complete picture of post-scarlatinal nephritis in its earliest stages.

Apis mellifica has been a great favorite with many. We have found it valuable for the following conditions often present in some of the stages of post-scarlatinal nephritis. Burning pain at the meatus, frequent desire to pass scanty high-colored albuminous urine, with indication of local or general œdema. Effusions into serous cavities. The characteristics of this drug are the absence of thirst, drowsiness, lassitude.

Bryonia alba is chiefly used in the later stages when effusion into serous cavities has become established. The same is true of *senega*.

Senega attended with albuminous urine which is loaded with mucus, is frothy, *separates into strata on cooling*, most valuable in hydropericardium and hydrothorax.

Terebinthine has been a valuable drug with us when the following symptoms were present: Dull heavy headache with fullness of the head, vertigo, loss of appetite, and nausea; sunken eyes with dark rings around them, black spots before the eyes; heaviness in the region of the kidneys, with violent drawing pain in this region; urinates frequently, quantity large at first, to be followed by scanty urine, stranguary and complete suppression for many hours at a time. Leading characteristics are the odor of violets; burning, drawing in the region of the kidneys; urine scanty, bloody deposits resembling coffee grounds.

Digitalis purpurea, when there are marked indications of dropsical effusion in various portions of the body; head is confused, falls back while sitting, vertigo, faintness while standing; pupils dilated and insensible; loss of appetite, nausea, vomiting, much thirst for cold drinks, faintness and sickness at the stomach as if one would die; excessive discharge of watery urine for several days, to be followed by diminished discharges and retention; urine dribbles away, is turbid and contains large quantities of solids; pulse slow and intermitting.

Helleborus niger has proven very valuable in hydrocephalus, following scarlatina. Head dull, heavy; vertigo, nausea, vomiting; very gloomy and melancholy; urine profuse,

watery, followed by scanty dark yellow urine loaded with debris, cells and albumen, decomposes readily; dropsies come on suddenly.

Kali bichromicum "has good humored" or low spirits attending this condition, with confusion of head, vertigo and nausea; if she takes small amount of water, causes nausea to return; urine dark brownish or reddish color, loaded with albumen, tube casts, and epithelium.

Mercurius corrosivus is one of our chief drugs for this morbid condition, when albumen is present in the urine, and has served us faithfully in any case where it was indicated. It is one of our chief remedies in the earlier stages of post-scarlatinal nephritis, after carbolic acid. Urine small in quantity, or suppressed, painful, bloody, loaded with flakes of mucus; deposits a grayish sediment, yielding an abundance of albumen; black urine, turbid pale-brown urine having epithelial cells and tube casts; is not suitable if dropsical conditions have come on.

Arsenicum covers a larger range of post-scarlatinal symptoms than any other drug known to us. Albumen is constantly present in its pathogenesis, also sediments of various kinds, but chiefly fibrinous casts, tube casts, epithelium, blood, etc. Is suitable in a great majority of cases of anasarca, ascites, hydrothorax, and hydropericardium, but must be selected with reference to its characteristics, to-wit: Great restlessness, tossing or changing about, seeking relief; anguish, despair, dread of death; dread of being alone; emaciation and great prostration. With these indications arsenicum can scarcely be selected amiss.

Scilla maritima is another valuable drug, not only in this, but in other affections tending to dropsy.

We shall not attempt to discuss a number of other drugs more or less suitable to this condition, such as hepar sulphur, asclepias, eupatorium, apocynum, aurum, sulphur, kali carb., kali phos., kali hydr., tartar emetic, spongia, zinc. Other means which have proved valuable are, hot air baths; bathing with boiled milk and water; a light, nutritious, (chiefly liquid) diet; a warm, well ventilated, comfortable room; very moderate exercise; good warm clothing, and such general management as tends to induce perspiration and favors its continuance.

ARTICLES IN SURGERY.

A NEW METHOD OF AMPUTATION AT THE ANKLE JOINT.*

BY JOHN DEETRICK, M. D., YOUNGSTOWN, OHIO.

The title of my paper is, a new method of amputation at the ankle joint. First let me notice other ankle-joint amputations, at least by name. They are numerous even without their modifications and improvements; Syme, Chopart, Pirogoff, Le Fort, Malgaign, Roux, Ferguson; modified and improved by Hancock, Bruns, Gunther, Esmarch, Tripier and others.

Removal of the entire foot at the ankle-joint is vaguely referred to by Hippocrates and, subsequently, by Fabricus Hildamic, and it appears to have been occasionally resorted to by surgeons, among whom may be mentioned Sedillier, Rossi, Baudeus and others. Professor Syme, of Edinburgh, in 1842, introduced a new method of operation that was recognized by a general acceptance and is the base of all ankle-joint amputations; all others are improvements and modifications. I prefer not to trespass on your valuable time by describing, or rather attempting to describe, the mode of operating practiced by Chopart, Pirogoff, LeFort, Malgaign, Ferguson, Roux, or the improvements of Hancock, Bruns, Gunther, Esmarch, Tripier, Gibson and many others. I will now attempt to describe the mode of amputation at the ankle-joint, which is the subject of this paper.

Place the patient on the back upon a level operating table or chair, with the foot at right angles to the leg. Now begin the upper or dorsal incision at the lower point of the internal malleolus; continue this incision at right angles with the ankle, cutting through the integument, tendons and articulation to the astragalus articulation with the scaphoid bone; continue the line of incision around to the external malleolus. The lower or plantar line of incision is opposite the dorsal articulation of the scaphoid and cuboid with the astragalus and os calcis bones, carrying the line of incision from the internal to the external malleolus through integument,

* Read before the Homœopathic Medical Society of Ohio, 1889.

tendons, muscles, ligaments and articulations to the astragalus bone. Now flex the foot towards the leg and separate the astragalus and os calcis articulations, always using extreme caution to keep the edge of the scalpel next the bone surface, to avoid the posterior tibial artery and its numerous branches.

Next flex the foot and separate the astragalus articulation of the tibia and fibula, and their internal and external malleoli, using the foot when possible, as a lever, to assist the disarticulations. Use care not to cut the achilles tendon or to button-hole the flaps, and be extremely careful to avoid wounding the arteries already mentioned. When the disarticulation is complete, bring the os calcis forward between the internal and external malleoli, and, if need be, to adjust nicely, trim the tuberosity off the os calcis with cutting-bone forceps. Use extreme care to trim neatly and not to leave any spiculæ of bone to cause continued discharge. Adjust muscles, integuments and tendons neatly; use torsion or compression with hæmostatic forceps to all bleeding arteries. Insert a small perforated drainage tube and then run in the sutures. *Cleanliness* with antiseptic precautions is absolutely necessary. Apply suitable dressing. This mode of amputation has the following advantages:

The union of the dorsal and plantar muscles and tendons gives extension and flexion to a certain extent and consequently considerable motion, at the will of the subject, and much more when walking and running, for there is motion of the joint; the os calcis being brought directly in line with the leg, divides the weight; the plantar surface of the os calcis makes a good cushion; the limb is shortened only about one inch, and by raising the heel, stuffing the toe and using a high-laced shoe, the patient can walk, run and jump without using crutch or cane; and can dispense with an artificial foot, which is an item of great importance to many unfortunates who can thus avoid the expense and annoyance of one.

This is not a theoretical method of amputation. It is one of practical experience and has all and even more advantages than I claim for it. At the meeting of the Northeastern Homœopathic Medical Society in April, 1888, I had the

pleasure of showing the members present one case of this mode of operation.

In conclusion, I will say that this method of operation is original. I have never seen or heard of its being performed, and trust the surgical fraternity and their patients will receive the benefit.

ABORTION AND ITS TREATMENT.*

BY W. HOYT, M. D., HILLSBORO, OHIO.

By abortion we mean the premature expulsion of an immature product of conception. By most writers if it occurs before the sixth month or previous to viability it is called abortion, and after that period premature labor.

As to its frequency it varies with different physicians according to the location, fashion, nationalities and religious beliefs of his or her patrons. More cases occur among the wealthy in modern fashionable society and among the immoral and those who wish to hide their shame. In some localities scarcely a child is permitted to see light, while in others very few premature children are born.

Among the foreign population, especially in the Romanish church, be it said to their credit, very few except unavoidable miscarriages occur.

According to statistics given in Churchill's *Midwifery*, printed in 1860, "out of forty-one thousand six hundred and ninety-nine deliveries, five hundred and thirty or about one to seventy-eight were abortions."

In my own practice the per cent. has been much greater, being about one to thirteen, and by its frequency I am led to believe that many cases should be classed as avoidable, although nearly all patients protest "that they do not see what caused it and are very sorry it has occurred," etc. They may not see what caused it, but many are more guilty than they would lead their physician to believe.

As to the causes in the unavoidable cases they are almost innumerable, but as I propose to deal with the treatment mainly I will only refer to a few of the principle ones. Ill health may have its influence, although it is sometimes

* Prepared for the Homœopathic Medical Society of Ohio, 1889.

almost wonderful with what tenacity the womb retains its hold upon a fœtus, although by so doing the mother may be giving her very life for that of her offspring. Habit may be a leading cause. Some women acquire the habit of abortion from repeated intentional or unavoidable miscarriages until the occurrences so predispose the system to a repetition that it is impossible for her to pass the usual period, and from that time the fiat has gone forth that "hereafter thou shalt be childless." Leucorrhœa arising from disease of the lower third of the uterus such as inflammation, induration, fissures, laceration with or without cystic degeneration, beginning of cancer and syphilis, may be causes of which the patient is often ignorant.

As to treatment it should be preventive first, and if that fails use every means in our power to completely empty the uterus as early as practicable with the least suffering and greatest safety to the patient. A hæmorrhage is not necessarily fatal to the fœtus, as we occasionally see frequent free hæmorrhages from the uterus during the early months of gestation and the patient go on the full time and pass through labor without any other unnatural symptoms. Neither are pains or even a slight dilatation of the os positive signs that gestation will not go on through the allotted time; therefore in such cases we must wait and make haste slowly; we must do our utmost to save before we do anything to encourage the destruction of a living embryo.

In case of threatened miscarriage we should put our patient in bed and insist upon absolute rest and quiet; administer the indicated remedy and await developments, which may come very soon or it may possibly be several days. If the os is sufficiently dilated for the membranes to protrude much, or if the membranes are ruptured, of course abortion is inevitable, and we must direct our energies towards making it as safe and easy as possible.

Some writers upon the subject will tell you "as soon as the os is dilated or dilatable remove the fœtus and membranes at once," and they say the latter may be removed with the finger, curette, spoon or placental forceps.

Now please consider it is easier said than done, that it looks more feasible on paper than it really is in actual prac-

tice, and that after all it is no easy matter to use these instruments successfully in every case. In a majority of cases it can be done with very little trouble, while in others it will be very difficult and will tax the ingenuity and skill of an expert, it being nearly impossible, and perhaps a dangerous operation.

In some cases after the fœtus and a part of the membranes have been removed the decidua vera will persist in remaining out of our reach. I believe we should exercise great care and let nature do all she will in a reasonable time before we interfere, but we can easily overdo the waiting, and right here requires good judgment and careful discrimination. If a portion of the membranes or fœtus protrude from the os the temptation is very great to undertake its removal at once.

If the decidua vera has separated from the uterus we will find it a very short and easy operation, but if separation has not taken place it may be extremely difficult, therefore we should wait until the pains have forced the mass well down into the cervix before we do any violence to the membranes, because, as soon as the fœtus or a part of the membranes is removed the uterus appears to lose its power over the small mass and we are left with but two alternatives—the dangerous one that of letting it decompose or dissolve and pass off in the discharges and thereby subjecting our patient to danger of fever, perimetritis, septicæmia phlebitis, etc., or that of removing them by operative measures. I believe if a portion of the membranes or fœtus protrude from the os and the bag of waters remains intact, meddling midwifery is exceedingly bad and may even be dangerous in its results.

Here we must wait unless the pains have forced the fœtus and membranes well down into or out of the os, unless there is a hæmorrhage or symptoms requiring haste; the better rule is to wait until the pains come on, and if they are too long delayed, tampon the vagina tightly, using a plenty of vaseline or some oily preparation on the tampon to make it impervious to blood, thereby preventing any possibility of a hæmorrhage, and we can then well afford to wait. I do not mean that it is necessary to stay with our patient, but go about our business and return to our patient when it is

necessary to remove the tampon, for usually after ten or twelve hours, upon examination, we shall have the extreme satisfaction of finding the membranes detached, and their removal will be but a few moments' work.

The same rule will usually hold good even if the membranes are ruptured, and the fœtus has escaped, even if only a part of the membranes remain, or small pieces that may have eluded our grasp and remained in the uterus, we will in nearly every case, succeed with the tampon in bringing the last piece within easy reach.

I believe the tampon is one of the best and safest for all cases, although we may occasionally find a case where nature and the tampon will not be sufficient; then of course we must resort to the use of instruments of some kind.

As to the best for such purposes, the finger is the only one with feeling and intelligence to guide it, and is the safest as far as it can go. If from the depth or position of the uterus it fails, we must resort to the use of some other instrument of which the wire curette in all hands, is probably the safest.

A two months' embryo may be removed by the curette, but after that time the ovum is too large to be removed in that way, but the decidua vera may be removed by the curette. When we commence we must make thorough work; and never dismiss a patient until we are sure that every part of the fœtus and membranes are out of the uterine cavity. The old adage that "anything worth doing at all is worth doing well" holds good in such cases, and we should never under any circumstances slight a case of this kind.

A word in regard to the after treatment may not come amiss. A patient after abortion should be kept in bed and take the same rest as after a labor at full time. No doubt many women date their weakness and ailments to a particular abortion and the real cause may not be the abortion, but the want of rest and care afterwards.

A NOVEL FORM OF ANESTHESIA.—Brown-Sequard concludes that it is possible by an irritation of the laryngeal mucous membrane in man and animals to decrease or even abolish the sensation of pain without interference with the intelligence, the senses, and the voluntary movement.

A CASE OF FRACTURE AND TREATMENT.*

BY O. H. HALL, M. D., ZUMBROTA, MINN.

It is not necessary for me to define the term fracture, or to give you the pathological condition which constitutes a fracture, as you are all conversant with this condition whenever it exists. I shall deal wholly with fractures of the lower extremities as they give to the surgeon the most trouble who has them in charge.

The case under consideration is one of the tibia and fibula at junction of upper and middle third, called compound.

John M., age 25, on the 12th day of January was riding home on a load of long wood, when one of the horses kicked, the foot striking him about three and one-half inches below the knee joint, causing a large laceration of tissue, and the fracture as stated. His limb was hanging over the front of the load, with the ends of the wood as a cushion for the limb. The accident happened three miles from town. Some neighbors kindly brought him in and placed him under our care. On examination we found the lower fragment of the tibia torn for one and one-half inches, over-riding the upper fragment. The upper fragment of the fibula protruding; don't know where the lower fragment was. The hemorrhage, medullary in character, was very severe, from the appearance of his clothing and foot wear.

The next thing on the programme: What was to be done under the circumstances? No amount of extension or counter extension would or could bring the parts into apposition, owing to the great and heavy muscles of a strong and healthy man. Some might have suggested an anæsthetic, but as the fracture was oblique the probabilities are that the same condition would have been present after the effect of the anæsthetic had passed.

The variety of splints and dressings is abundant, and one has his choice, if he has anything to say, such as the bi-valve cushion, Petit's fracture box, Nathan's smooth anterior splint, Hodgens's splint, the Bavarian splint, Esmarch's inclined plane, Buck's extension apparatus, Volkman's

* Read before Minnesota State Homeopathic Institute.

sliding rest, Long's slide splint and cross-bar, and Cripp's splint, with his double pulley. Then we have the plaster-of-paris cast, the plaster bandage, the starch bandage, the collodion what-not, and numerous devices which would fill a volume larger than I intend this paper. The main idea is to keep the muscles from contracting. And how is this to be accomplished, how are we to get the parts into apposition, retain them, give our patient rest, freedom from pain, and gain his or her esteem and eternal *gratitude*, and at the same time get your fee—warding off any possibilities of a suit of mal-practice?

The more you pull at a muscle or set of muscles, the more they will retaliate. The trouble with the plaster or bandage is, that you cannot draw them together as the necessities of the case demand.

As stated, the lower fracture of the tibia overrode the upper, and the work now before us was to get the parts into apposition. This we proceeded to do as follows, not for one moment fearing the results, as we had the case entirely under control: Several strips of binding board, long enough to reach from the foot to the thigh, were so cut that they would almost meet anteriorly and posteriorly, care being taken that they would not overlap each other. These were dampened in warm water and applied to the lateral aspect of the limb, after being covered with cotton wadding. The bandaging began at the foot and gradually extended upward until the upper portion of the splints was reached; then the roller was applied from above downward. The wounds were covered with the splints and bandages. The next step was to bind *dry* strips outside of the bandages, *taking care not to impede the circulation*, but binding as tightly as this would allow. After several hours the dressings became loose, so much so that another roller was applied. The next morning the dry strips were removed, when we found a perfect cast, which we could manipulate as we wished. Traps were cut down to the wounds, which were previously dressed with a solution of corrosive sublimate, 1 to 2,000. They were found to be in excellent condition, and what is more, the *fragments were in perfect apposition*, and had been since the second roller had been applied. If the condition had not

been as we found it the bones could have been approximated easily by simply releasing the foot and applying extension enough to have brought the ends of the bones in apposition, then the dressings would have held them because the bellies of the muscles were bound down, and they simply could not do any other way than to mind their own business and be quiet.

A femur can be dressed in the same way, only the muscular attachment to the different fragments must be brought under control, then the solution of the case is easy. No one thinks of placing a patient in a frame and using extension and counter-extension for a fractured clavicle, humerus, radius or ulna. The same principle is applied to the lower extremities. You bind the muscles down and they cannot contract, then there is no displacement after the parts are once in apposition.

The case under treatment went on for five weeks, when the inner splint was removed. Union had taken place. He was confined to the bed for this period and no longer, was allowed to get up and go home some four miles distant.

A limb should be dressed in a passive condition—that is, in a natural condition or position—if to the contrary, either the extensor or flexor muscles will cause trouble. A muscle is the longest when this condition is observed. For medication hypericum will allay all pains from a fracture, and its action seems to be expended at the point of fracture and to injuring of nerve substance. We rarely use any other medicine unless fever supervenes; then the proper remedy will suggest itself. We have used this treatment in fractures for the past ten or twelve years, and have thus far found nothing to supplant it, for simplicity and easy application, for the material can be found in almost every house. It is light and not cumbersome, saving the expense of a set of manufactured splints which never fit when you want them. I could narrate instance after instance where we have had to resort to these splints after others had been applied, when it was a dread to be called to a case of fracture. Now we can dress the limb and have no care or anxiety over the matter, simply using a little care and anatomical knowledge in their management, “always being able to give a reason for the hope which is within us.”

MEDICAL FORUM.

MULLEN OIL.

BY DR. T. B. GULLEFER, GREENSBURG, IND.

I was much interested in the article on mullen oil, or *verbascum*, in the April number, and in verification of some of the clinical cases given by Dr. Wells, of Michigan, I will give some cases where *verbascum* cured, singly and alone. But with this remedy, as with many other excellent ones, the symptoms *must* correspond to the remedy, or no results will be observed, and both the physician and patient will be disappointed. And it is a notable fact, in homœopathy, it is oftentimes easier to make a clinical failure than a cure.

I have observed mullen oil in aural diseases to do what electricity often does, stop short of a cure, as though it had expended its force. It will improve some cases of partial deafness, by dropping it into the ear, but I have never known it to cure deafness. The cases improved were of catarrhal origin, where an impairment of secretion existed, and it probably improved by lubricating and moistening the *membrani tympana*.

Its best therapeutical action has been observed in chest symptoms. Here *verbascum* was used with always positive results. The cough of *verbascum* is a *deep, hoarse* one, as though it came from the bottom of the lungs, and is dry, with no expectoration. Here *verbascum*, high or low, will cure without a single failure so far as reported to me. But this remedy is like many others, its similar is seldom found. But we store away this remedy with its *simillimum*, in the top of our craniums, like many others, awaiting an opportunity to make some unfortunate happy by curing his troublesome cough with a few doses of it.

I have never given it in *enuresis nocturna* in children, but have given about all the other remedies in our *materia medica* with the usual result of no good results, and frequently no results at all. I include in this category *rus aromaticum*, which has been highly lauded, but it proved a complete failure in my hands, and I laid it aside with many other such remedies. I have recently cured two cases of

nocturnal enuresis,—a boy and a girl,—with ignatia 3x a dose before meals, until its effects were apparent, then a dose at bedtime; but they were allowed no fluids, or at least but little, in the afternoon and evening, which may have assisted the remedy. But I have never found a specific for this ailment and would be glad to hear of one, and will give mullen oil a trial.

RECENT ADVANCES IN ETIOLOGICAL SCIENCE.*

BY E. R. EGGLESTON, M. D., MT. VERNON, O.

Whether gratifying or otherwise, it is interesting to observe and note fluctuations in Etiological Science;—graifying, certainly, in so far as our own views are sustained, and otherwise in view of the inconstant enthusiasm of the Kings and Priests of professional opinion. The revolution promised by the evolution of bacteriology is overdue;—in fact, the throng has “gone wild”—to use an expressive term of the rail. Just at this critical juncture another “new era in medicine” is promised, and again it is “as luminous as it is precise.” With your permission the world-honored London *Lancet* will bow it in, in these words:—

“The discovery by Mr. Gantier of the part played by ptomaines and leucomaines in the pathogenesis of disease, is a terrible blow to the microbial theory, as, in a paper communicated by the author to the Academy of Medicine, it has been demonstrated that the non-elimination from the body of dead animal matter is the source of all human ailments. Prof. Peter has always been vehemently opposed to the baccillary theory of the etiology of disease, and looks upon the discovery of ptomaines and leucomaines as a new era in medicine. Although he himself had long ago foreseen the existence of such elements as causes of diseases, it was left to M. Gantier, the eminent chemist, to formulate his theories in a more scientific manner. This new theory formed the basis of a very interesting paper read by Prof. Peter at the Academy of Medicine, in which he makes out that this new theory of auto-infection is quite compatible with clinical observation, whereas the microbial theory is so shrouded in

*Read before Hom. Med. Soc. of Ohio, 1889.

mystery that Koch himself has been induced to considerably alter his opinions respecting the rôle of the comma bacillus in the development of cholera, and now declares the disease is caused by a ptomaine secreted by a bacillus. In concluding his paper, Prof. Peter makes the following remarks: 'M. Gantier has shown that in the dead body, and even in the living, ptomaines are formed; these alkaloids, ptomaines, or leucomaines, are absolutely toxic; an auto-infection, characterized by hyperthermia, is the result. This theory rids us, at least for a time, of the tyranny of the microbes. If urea, which is an alkali, is constantly formed in the organism, why should there not also be formed an alkaloid in it? It is only a question of degree. Life is a contingent phenomenon; it is a source of partial deaths. It may, therefore, be said that we carry in ourselves while living a portion of our own corpse, but we resist the work of auto-infection by two distinct mechanisms—the elimination of toxic substance, and its destruction by oxygen. We should no longer hesitate between the parasitic doctrines, which are shrouded in dark hypothesis, and this new doctrine, which is as luminous as it is precise, which explains the phenomena of normal and abnormal life.'

Thus, then, may a second tired actor bow himself off the stage with an affecting farewell to his short-lived greatness.

Dr. Sternberg, in his late President's address before the American Public Health Association, barely alludes to the change of front as a "claim," but, for himself, clings to the microbe.

And now comes the eminent analyst, microscopist, and bacteriologist, Professor Vaughan, who adopts the new doctrine in whole and past. It should be said, perhaps, that he *adapts*, rather than adopts, for he attaches the new to the old, arguing upon an assumption as bald as a bowlder. He assumes that because a ptomaine is found in the intestines of cholera-patients, it is the result of a secretion from, or decomposition of bacteria, and is the cause of cholera;—just as previously he had assumed that because the comma bacillus was found there it was the cause of the disease. It begins to be made manifest, as has been pointed out from time to time by men as eminent as these, that there are processes

antecedent, of which both these phenomena are results. It has been repeatedly shown that all microbial life is but a conservative element, the machinery whereby nature accomplishes the decomposition of devitalized matter; that time, place, space and circumstances appear as necessary conditions for their operations; and that when propagated in diseased tissues, they may become carriers of toxic material. Then why ptomaines are predicted of microbes, as antecedent and consequent, appears in no plainer light than why the comma bacillus and cholera present the same relations, both ignoring the admitted function which nature presents.

Later, Bonchard enters the field with a course of lectures based upon the Memoires of Peter and Gantier, which "aims at conducting analyses of morbid phenomena with a view to ascertain how far they may be productive of, or dependent on, the action of material obnoxious to nutrition and nervous reaction, and to demonstrate that, whether introduced into the system from without or resulting from perversion of metabolism, secretion or elimination from within, these poisonous principles explain the origin and mechanism of much of what is called disease." He goes on to name four sources of auto-intoxication: 1. An abnormal vital condition—defective nutrition, hereditary or acquired. 2. Morbid effects of external causes—physical, mechanical, or chemical. 3. Complex processes, as any other, complicated by reflexes. 4. Invasion of the economy by contagious or infectious elements. He then continues: "Seeing the importance of the part played by disordered nutrition, nervous reaction and putrefactive infectious processes continually at work in the economy, we are confronted with physico and bio-chemical processes of animal organic growth and decay, their chemical products, particularly those now known as ptomaines and leucomaines, and finally with the fact that in life, as in death, so-called aerobic and anaerobic processes co-exist, apart from, and irrespective of, bio-chemical interjectional activities."

Suggestive, rather than positive, is the point made by Dr. Anderson in an article on "The Causation of Fever," lately published in the *American Lancet*. He says: "Many diseases which are mild and benignant, such as ordinary typhoid or

adynamic bilious fevers, dysenteries, erysipelas and diphtheria, by improper treatment or neglect may generate pathogenic ptomaines, become malignant, and thereby transmit similar disease to others."

In the same category must be placed Bamberger, who lately published a case of gastro-enteritis induced by the ptomaine of poisonous sausage.

In both the latter references, let it be observed, no mention is made of bacteria in any relation, but to chemical changes only. And so the instances will rapidly multiply in which this new disease-product will be substituted for the old; and it, therefore, appears that research along this line must hereafter proceed in the laboratory of the chemist, rather than under the eye of the microscopist. But I venture to say that when each has reached his utmost limit, the question of causes will still remain unanswered.

And now to glance at the present state of that other department of statistical research, the physical—or that which deals with the natural forces and their relatives. A vast deal of quiet but effective work is being done, which must, at no distant day, show some results—results based upon facts instead of assumptions. Perhaps the most valuable and most authoritative of late productions are the "Milroy Lectures on Epidemic Influences," delivered before the Royal College of Physicians, of London, by Robert Lawson, LL. D., Inspector General of Hospitals. Let the following briefly indicate the scope of the work: "It has long been recognized that there exist certain factors intimately concerned in the diffusion and intensification of disease, from time to time which, are not referable to individuals or localities, and which factors have often been vaguely referred to by the conventional terms of "epidemic constitution," "epidemic influences," and "pandemic influences." A study of the facts show that these epidemic factors embrace large portions of the earth's surface at the same time, and that their course from year to year is somewhat definitely defined. With regard to febrile epidemics, he holds that when developed at various points, from time to time, they pass uniformly to the northward until they finally disappear. They recur periodically every second year, or at some

multiple of two years, and like a series of waves pass over a more or less extensive portion of the earth's surface." These waves he has named "pandemic waves," but as to their nature nothing is known at present. As their position from year to year seems defined by lines of equal magnetic dip, he infers that they may be dependent in some way on that force. Dr. Lawson has collected facts to show that under the influence of the same pandemic wave different forms of fever arise in different localities, from which he infers that there exists the operating force of additional factors. "Thus, for example, in places where remittent or continued fever are the common fevers, yellow fever makes its appearance at intervals of a considerable number of years, where there existed no trace of it, indicating that there is a special factor leading to the development of this disease in a locality where the circumstances are suitable. These latter embrace states of the weather, conditions of the soil, especially that of moisture, and the presence of the particular miasm which engenders the disease."

As a matter of course, indisputable conclusions upon these topics lie still in the future, but the drift of opinion sets very decidedly against the germ theory, and toward the wider range of causes presented, leaving the germs as a later and less important element.

And now, finally, I quote from a paper read before the American Public Health Association, in 1887, by Ezra M. Hunt, M. D., Secretary of the State Board of Health, of New Jersey, entitled: *The Origin of Some Diseases*, in which he gives the following "practical results":

"1. The study of parasites, or germs, as they are called, is only one of the methods of informing ourselves as to the phenomena of disease, and in itself is not primarily the key to rational and successful treatment.

"2. Our attention should be directed far more than now, to the study of conditions and circumstances under which new forms appear; to the influence of persons and surroundings, instead of the mere finding of a specific form. The latter, would of course, be most valuable as one of the facts in the chain of evidence, but we should not, as now, seek so much to look to it as the cause of disease, as to inquire what

conditions have *caused* this or that particular microphyte to be present.

"4. If we are looking to the biological laboratory for the natural history of disease, or to the chemical laboratory for the application of remedies, we shall surely fail. The science or art of sanitation has far more to expect from a study of the conditions of persons and surroundings under which diseases or types, and modifications of disease, manifest themselves, as also from a study of the prevention or obliteration of such conditions, than it has to expect from the finding of microphytes as the source of disease, and seeking to cure disease by expelling micro-organisms or attenuating them."

ELECTRICITY AS A CURE FOR CANCER.—Surely, of the wonderful effects ascribed to electricity there seems to be no end. Dr. J. Inglis Parsons, of London, thinks that he has found in that agency a means of rendering cancer inert. His idea is that cancer cells, although they grow like noxious weeds and choke the normal elements, are really of a lower vitality than the latter, and hence are susceptible of destruction by electrical currents that the healthy cells are able to withstand. He has tested his theory in four cases, which he reports in the *British Medical Journal* for April 27th. The patient is anæsthetized, and the current is passed through the tumor and all the tissues for some inches round it by means of fine insulated needles, so as not to injure the skin. A battery of seventy cells is used, with an electro-motive force of 105 volts. To begin with, a current of an intensity of 10 milliampères is employed, and this is gradually increased to 600 milliampères, being "flashed through the growth in every direction from 50 to 100 times, according to circumstances." In only one case was it considered unsafe to use a current of more than 250 milliampères, and that was one of mammary cancer in a woman, sixty-three years old, who had a presystolic bruit and a weak, intermittent pulse; and even she was able to endure a current of 600 milliampères passed through a secondary growth in the axilla. It is not so much to the strength of the current, although that seems to be essential, as to its sudden interruptions that the destructive effect on the cancer cells is attributed. The tumor does not disappear altogether, but remains as an inert mass; at least, in the cases reported, the growths remained quiescent for periods varying from three months and a half to six months. In case of recurrence, the author states, he would not hesitate to use a current of still greater intensity. It is said that the patient is usually able to go about his customary employment on the day following the operation.—*New York Medical Journal*.

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EDITOR.

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EDITORIALS.

DEATH OF BISHOP, THE MIND READER.

The recent death of Bishop, the so-called mind reader, followed by a too hasty autopsy, together with the criminal charges made by his mother and wife, have given rise to much unfavorable and, perhaps, unjust criticism of the physicians who were unfortunate enough to have made the post-mortem. As is usual in matters of a sensational character, the secular press has most ambitiously dwelt upon the horrible and ghastly features of the case, which, in the end, will very likely result in both harm and good. In harm, because many hysterical and nervous persons of both sexes have a dread, morbid if not insane, of being buried alive; and the possibilities of such a fate, suggested by the circumstances surrounding Bishop's death, will only intensify that dread. In good, because the prominence of the case is such as to emphasize the importance of a reasonable delay after supposed death before either an autopsy or a burial is permitted; during which time, if there be doubt, the several tests for absolute death can be applied. It is not reasonable to suppose that men of the reputation of Irwin, Ferguson,

and Hance, would make the terrible mistake of cutting the victim to pieces without being absolutely certain that life was extinct. The haste, however, which characterized the operation, was at least reprehensible, if not actionable.

It seems that Bishop had for years been a victim of that peculiar mental condition known as "catalepsy" and that it was not an unusual thing for him to pass into a cataleptic state after one of his remarkable exhibitions of mind reading, and which would last for several hours. Every intelligent physician is familiar with the phenomena of catalepsy, and in almost any text book treating of the subject, classical articles may be found by well-known authors. Unfortunately there is by no means a unanimity of opinion as to the nature of the disease, if disease it be, and the hasty autopsy was probably prompted by a desire to discover, if possible, any evidence bearing upon the subject. Indeed, few writers up to the present time, have been bold enough to do anything more than generalize in discussing its etiology and pathology. As yet, there is much doubt and mystery in all that occupies the middle ground between matter and spirit, and catalepsy as a manifestation of deficient vitality must be included in that category. Our ignorance of the chain which connects the former with the latter, makes it impossible for us to do more than note the varied phenomena,—imperfect links as it were,—yet serving for the time being to close breaches in a long list of vital and transitional diseases. At one end the neurologist places insanity, at the other epilepsy, and between them, catalepsy, hysteria, and ecstasy. This nomenclature is far from being faultless, yet it enables us to classify phenomena, if it does nothing more. It is probable that neither of the last of these conditions is a pathological entity, and catalepsy is simply a name for a number of peculiar symptoms, intensely interesting, because most instances of supposed death, where the patient has returned to life, have been instances of catalepsy, there being a complete suspension of both sensation and voluntary power. In dealing, then, with any disease, or condition, or state, of whose etiology and pathology we know so little, it behooves us to be exceedingly cautious in determining whether or not life is really extinct. Much allowance must

be made for many of the reported instances of interment before death, the only evidence pointing to such a calamity in the majority of cases being the movements of the corpse, due, usually, to *rigor mortis*. Nevertheless, if there be but the remotest probability of life, it is unnecessary to say that every known test should be brought into requisition before turning the body over to either the undertaker or the pathologist, particularly if there has been a previous history of catalepsy. Dr. Irwin states that he had known Bishop for ten years, and must have known of his cataleptic history, and, possessing this information, he should have moved more cautiously, for his own sake at least.

A well-known surgeon recently said, in speaking of strangulated hernia, that the incarcerated intestine may "be either dead or rotten, or both dead and rotten." In other words, there is a difference between death and decay, and even a greater difference between death and suspended animation, though the only positive sign of the former is decay. However, there are certain tests which can be applied before putrefaction actually occurs, and which are fairly reliable. Dr. Wm. B. Clark, of Indianapolis, at the last meeting of the Indiana State Homœopathic Medical Society, made this matter the subject of a most admirable and scholarly paper, and his résumé of the several methods for the verification of death is here appended. It is concise and well worth studying:

"1. Put a tight band around a wrist or just above the elbow and watch for turgescence of veins at back of hand or along the forearm, as first recommended by Magnus. (It may be enough to tie a string or rubber band around one finger). If the wrist is used the front arteries should be protected from too much pressure by a card-board placed under the band.

"2. Open a vein at the bend of the elbow and seek for stringy coagula. If found, and *rigor mortis* is present, this is usually considered an absolute sign of death.

"3. Apply the electric test for muscular contraction, as first proposed by Rosenthal, remembering that the electrical contraction may continue two and even three hours after real death, *rigor mortis* not having set in. Rosenthal once demonstrated contractility thirty hours after supposed death, and consciousness returned forty-eight hours after.

"4. Make a hypodermic injection of ammonia. If it makes a red blotch, life is present.

"5. Stick a pin through the skin quickly and withdraw it. If the hole closes there is life, otherwise the hole remains open.

"6. Place the fingers between you and an artificial light, and close to it, and if any rosy tint can be observed, there is life.

"7. Do not fail to look for circulatory stains at the dependent points of a body that has lain a long time. If found, it is quite a reliable proof of death.

"8. Very fine feathers may be used at the nose and mouth to detect the slightest air current from respiration, or a cool mirror for moisture, and the surface of a tumbler full of water on the chest (everything being firm and quiet), will record any chest movement. But these little procedures are useless in some cases, as there is no detectable respiration or circulation, though there is life.

"9. Dr. Bowen, of Fort Wayne, says that no one ever dies with tears in their eyes. If tears are found, as in cataleptic patients, there is life.

"10. If doubt remains, let the body be kept in a damp room at 85° temperature, and this will most expeditiously bring signs of decomposition or restoration."

BOOK REVIEWS.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Consisting of original treatises and of complete reproductions, in English, of books and monographs selected from the latest literature of foreign countries, with all illustrations, etc. Volume II, Number 3, June. Monthly, \$10.00 a year; single copies, \$1.00. New York: William Wood & Company, 56 and 58 Lafayette Place, 1889.

The June number contains "General Orthopedics, including Orthopedic Surgery," by Dr. August Schreiber, Surgeon-in-Chief to the Surgical Division of the Augsburg Hospital.

Advancement in surgery during the past few years has been in no department so remarkable as in the treatment of the deformities of the human body. Its history as a specialty is the history of the art of surgery; but the general practitioner of our day, who has mastered the art as a student, does not find it necessary to refer cases of deformity to a specialist except in rare instances. This is as it should be. Prof. von Ziemssen has said that "Every physician should understand the methods of orthopedic surgery and familiarize himself sufficiently with the technical details necessary

to their skillful application." The physician who, during his student days, has not acquired the knowledge of, and the readiness in applying bandages and apparatus, will have cause for regretting its omission, for he will frequently be called upon to resort to these measures in his practice, and at times when it will not be possible for him to send his patient to a specialist.

The growing interest on the part of the practitioner in this branch of surgery is indicated by the demand for a comprehensive work upon the subject of orthopedics, including modern orthopedic surgery. The important work just completed by Dr. August Schreiber, and which has for the first time appeared in English in the June issue of Wood's Medical and Surgical Monographs, is intended to fill this demand and it is believed entirely fulfils the requirements. Its complete reproduction in this now well-known and popular series required the issue of a double number, containing 357 pages and embellished with over 380 wood engravings. The number includes also the Index of Volume II. of the "Monographs" which is completed with this issue. Dr. Schreiber's work is presented in the attractive style which has distinguished the previous numbers of the series, and is undoubtedly a work that will be indispensable to every practicing physician.

LECTURES ON DISEASES OF THE HEART. By Edwin M. Hale, M. D. Third edition, enlarged and improved, with a complete Repertory by Dr. E. R. Snader. Four hundred and seventy-eight pages. Price, in cloth, \$3.25. Philadelphia: F. E. Boericke, 921 Arch Street.

It is now six years since the second edition of this important work was issued. Great advances in cardiac pathology and therapeutics have been made since that time, and it has become necessary to enlarge the book and bring it into accord with the present advanced status of the healing art.

The third edition is, in consequence, a volume double the size of the second, including as it does, much new matter in the shape of the following elaborate and practical essays, which contain the result of the author's latest study and experience, as well as that of others: The Relations of Abnormal States of the Heart to Abnormal Conditions of other

parts of the Body, Oertil's Treatment of Weak Heart, Is the American Heart Wearing Out?, Cardiaesthesia, The Effects of Tobacco on the Heart.

One of the most valuable features of the work is the *Materia Medica* of all the new cardiac medicaments which is appended. In no direction has there been a greater advance in cardiac therapeutics than in the discerning and investigation of drugs which have a specific affinity for the heart and circulatory system. *Digitalis* does not now stand alone as the principal heart remedy. It is a typical drug only, and around it are grouped others almost as important, such as *adonis*, *barium*, *cereus*, *convallaria*, *caffeine*, *nercin*, *sparteine*, *strophanthus*, and others. Some of these have been proven on men and animals, and all have further substantiated their claims as valuable cardiac remedies by a large clinical experience in both schools. In presenting these remedies, the author has collated his experience, drawing freely from all sources; he has also given his own views of their method of action, and laid down the indications for their use, the dose, etc.

An excellent feature of this edition is a complete repertory of heart symptoms prepared by Dr. Snader, which will prove an invaluable aid to the practitioner in the treatment of those cardiac affections requiring the perfect *Similimum* in the remedy selected.

This is the only complete text-book on the homœopathic treatment of diseases of the heart used in our school.

THE MODERN TREATMENT OF EAR DISEASE. By Samuel Sexton, M. D., Aural Surgeon to New York Eye and Ear Infirmary.

THE USE OF ELECTRICITY IN THE REMOVAL OF SUPERFLUOUS HAIR AND IN THE TREATMENT OF VARIOUS FACIAL BLEMISHES. By George Henry Fox, M. D., Clinical Professor of Diseases of the Skin, College of Physicians and Surgeons, New York, etc.

GRANULAR LIDS AND CONTAGIOUS OPHTHALMIA. By W. F. Mitten-dorf, M. D., Ophthalmic Surgeon to the New York Eye and Ear Infirmary, etc.

ON THE DETERMINATION OF THE NECESSITY FOR WEARING GLASSES. By D. B. St. John Roosa, M. D., Professor of Diseases of Eye and Ear in the New York Post Graduate Medical School and Hospital, etc.

This list of books forms a part of "the Physician's Leisure Library," published by George S. Davis, of Detroit. Many valuable hints are thrown out, which will repay the physi-

cian to follow. The length of each book is such that it can be run over in an hour, and one does not become weary as sometimes happens in the perusal of a larger volume.

The Magazine of American History comes to us this month with the full quota of valuable articles. The June number closes the twenty-first volume of this excellent magazine. It should be in every household. Price, \$5.00 a year.

THE June *Forum* has a pertinent article by Leonard Woolsey Bacon on "Cheap Academic Titles." He enters a protest against the indiscriminate granting of honorary titles to men who are unworthy the distinction. The multitude of little log-colleges must live and "grow rich—by degrees."

GEORGE KENNAN, in the June *Century*, has another of his highly interesting articles on Siberia. This is entitled "The Ust Kara Prison." "The prisoners," he says, "had neither pillow nor blanket, and were compelled to lie down upon their sleeping benches at night without removing their clothing and without other covering than their coarse gray overcoats."

JUDGE ALBION W. TOURGEE contributes to the June number of *Lippincott's Magazine* another of his interesting series of stories, which have appeared under the general head of "With Gauge & Swallow." The present installment is called "A Legal Impressionist," and contains an exceptionally interesting plot, worked out in Tourgee's own inimitable manner.

THE secretary of the State Board of Health has just issued his sixteenth annual report. The first part of the report consists of a compilation of meteorological conditions, and a contribution to the study of the causes of sickness, based on weekly reports of sickness by physicians in the State.

Probably the most important article in the report is a paper by Dr. Baker in which reports of sickness and meteorological conditions are so grouped as to show the relation of certain meteorological conditions to diseases of the lungs and passages. This paper not only presents evidence con-

cerning these diseases in Michigan, but also in the United States armies, in the native troops of India, and in London, England, for a period of thirty years. These facts, gathered over wide areas, seem to show that influenza, tonsillitis, bronchitis and pneumonia have one controlling cause, viz., the inhalation of cold, dry air. The paper explains the order of the succession of the cold-weather diseases from a simple coryza, or common cold, to pneumonia.

THE article on "Christian Science," in the April number of the *Popular Science Monthly*, seems to have stirred up the believers in that doctrine, and a reply by Mr. Joshua F. Bailey is printed, under the title "Is Christian Science a 'Craze'?" The magazine for June comes out in an editorial on "The Claims of 'Christian Science,'" denominating their theory as one of those delusions which flourish among people who lack scientific training.

REPORTS OF SOCIETIES.

OREGON HOMŒOPATHIC MEDICAL SOCIETY.

The Homœopathic Medical Society of the State of Oregon closed its thirteenth annual meeting last evening in the parlors of the Gilman House, where it has been in session the past two days. This Society is doing good work for the cause of Homœopathic Medicine in this State.

It admits as members none but regular graduates of reputable Schools of Medicine and Surgery. The name of Harlem B. Drake was added to its list of members at this meeting.

Its newly-elected officers are as follows:

President, Dr. George Wigg; First Vice-President, Dr. B. E. Miller; Second Vice-President, Dr. E. C. Brown; Recording Secretary, Dr. S. Lewis King; Corresponding Secretary, Emma J. Welty; Treasurer, Dr. Osmon Royal; Board of Censors, Dr. C. E. Geiger, Dr. B. E. Miller, Dr. Emma J. Welty, Dr. A. S. Nichols, Dr. L. Henderson.

The papers presented and read before the Society were as follows:

Annual Address, by the President, Dr. George Wigg.

"Prophylaxis of Vaccination," by Dr. L. Henderson.

"Arsenicum," by Dr. S. A. Brown.

"Hip-joint Disease, Its Etiology, Pathology and Diagnosis," by Dr. C. E. Geiger.

"Purulent Inflammation of the Middle Ear," by Dr. E. C. Brown.

"Ophthalmia Neonatorum," by Dr. Emma J. Welty.

"A Case from Practice," by Dr. Calla B. Charlton.

"Signs and Symptoms of Pregnancy," by Dr. B. E. Miller.

"Parturition," by Dr. Wm. Geiger.

"Sectarianism in Medicine," by Professor Wm. Todd Helmuth, of New York.

A vote of thanks was extended to the proprietors of the Gilman House for their generous hospitality, and the meeting was adjourned till its next annual meeting, on the second Tuesday in May, 1890.—*Oregonian.*

OHIO HOMŒOPATHIC MEDICAL SOCIETY.

The twenty-fifth annual session of the Homœopathic Medical Society of the State of Ohio was held in the Lincoln Club Hall, Cincinnati, on May 14th and 15th. The President, Dr. C. B. Walton, was in the chair.

The Bureau of Registration, Legislation and Statistics was represented by Dr. H. E. Bube, of Sidney, with a paper entitled "Salaries of Medical Employes of Ohio Charitable Institutions." The Doctor contended that the pay was inadequate for the services and responsibilities, and that so long as this picayunish policy obtained, the majority of the public institutions would be at the mercy of politicians and inexperienced men.

The Bureau of Sanitary Science then reported. Dr. J. W. Climmer, of Columbus, presented his views on the "Smead System of Heating and Ventilating, and its Auxiliary, the Dry Closet, for School Buildings." Dr. J. C. Fahnestock read a paper on "Natural Gas," in which he assumed the negative value of the gas, but Dr. Clayford contended that it was because of the improper use. The Secretary also read a paper entitled "Recent Advances in Etiological Science," by Dr. E. R. Eggleston, of Mt. Vernon.

At the afternoon session Mayor John B. Mosby, in a neat speech, welcomed the assembled physicians and their ladies. After an answer by Dr. O. W. Lonsbury, of Cincinnati, President Walton read his address. He recommended making the study of the Organon a regular chair in every college before graduation, and not cause it to be an adjunct simply. This idea was applauded to the echo, as was also his arraignment of the three repetitions of the single course of lectures and calling it a three years' course. He likened it to seminary work where the student for three years continued in the same text-book.

The Bureau of Materia Medica discussed "Magnesia phos."

The Bureau of Pædology reported, and Dr. C. D. Cronk, of Cincinnati, read a paper on "Etiology and Pathology of Post-Scarlatinal Nephritis." This was followed by Dr. William Owen, Sr., of Cincinnati, who discussed the therapeutics of the same disease. Dr. Alice M. Tracey presented a paper on "Food for Infants." Dr.

Lorett, of Eaton, condemned the use of cane sugar in the preparation of artificial food, and recommended as a substitute sugar of milk.

The Bureau of Clinical Medicine followed, and Dr. C. D. Monroe, of Oxford, opened with a paper on "Salol and *Passiflora Incarnata*," recommending throughout some rather heroic dosage. Dr. Fahnestock described "A Case Cured by *Lachesis*," which called out a doubt from Dr. Parmalee that disease of the heart could be determined by symptoms alone but also depended upon auscultation and percussion.

Dr. Kraft, of Sylvania, then read his "Vaccination Vagaries," in which he sought to show that the ivory point in vaccination is just as dangerous to the individual as the old scab method. It seems the Doctor has used malandrinum in his own and several of his patients' families and has confidence in its prophylactic value.

In the Bureau of Anatomy, Physiology and Pathology the only paper read was Dr. Pomeroy's on "Infant Diet."

The Cincinnati brethren provided a banquet at the Gibson House, Tuesday evening, to which about two hundred persons sat down. Toastmaster Dr. C. D. Crank was in his element and introduced the President, who responded to "Our State Society." This toast, as well as the following ones, were overflowing with wit and good humor. Dr. A. L. Monroe, of Louisville, responded to "Our Guests." Dr. E. H. Pratt did justice to "The Western Physician." "The Medical Press" called up Dr. H. C. Allen, of Ann Arbor; "State Limitations," Dr. D. H. Beckwith; "The Future," Dr. J. A. Gann; "Medical Education," Dr. J. D. Buck; Dr. J. C. Sanders gallantly proposed "The Ladies."

SECOND DAY—The Bureau of Surgery presented a paper by Dr. T. C. Martin, of the Ohio Penitentiary, entitled "The Sexual Organs of One Thousand Convicts." In the ensuing discussion, Drs. Beckwith and Pratt paid a glowing tribute to Dr. Martin's work.

Dr. C. A. Pauly presented a paper on "The Rectum as a Disease Centre." Dr. E. H. Pratt, of Chicago, addressed the Society on "Orificial Surgery," and was frequently applauded for his enthusiasm. Dr. Palmer followed with a paper on "Railroad Surgery." The paper of the Chairman, Dr. Deetrick, of Youngstown, on "A New Method of Amputation at the Ankle Joint," was well received and corroborated by Drs. Palmer and Gann.

The Bureau of Obstetrics presented the following papers: "Posture in Labor," by Dr. Sanders; "The Care of the Lying-in," by Dr. Ellen M. Kirk; "Abortion and its Treatment," by Dr. Wm. Hoyt; "Puerperal Fever," by Dr. Van Norman; Dr. Orpha D. Baldwin on "Diagnosis of Pregnancy."

Dr. Stella Hunt read a witty paper on "Hysteria," in which she assumed it is an affection as much of the male sex as the female.

Dr. Buck read a paper on "The Relation of Reason to the Senso-ium."

Dr. Chas. Hoyt's paper related to "Dry Heat in Cystitis of the Female."

The last Bureau, Ophthalmology and Otology, was entered upon, and Dr. Palmer read a paper on "Sympathetic Ophthalmia."

The Society then proceeded to hold its annual election of officers, which resulted as follows: John A. Gann, M. D., Wooster, President; Orpha D. Baldwin, M. D., Cleveland, First Vice-President; C. A. Pauly, M. D., Cincinnati, Second Vice-President; Frank Kraft, M. D., Sylvania, Secretary; C. C. True, M. D., Cleveland, Assistant Secretary; H. Pomeroy, M. D., Cleveland, Treasurer; H. D. Beckwith, M. D., Cleveland, Necrologist.

Board of Censors—H. B. Van Norman, M. D., Cleveland, Chairman; H. E. Beebe, M. D., Sidney; J. H. Wilson, M. D., Bellefontaine; Wm. Owens, Sr., M. D., Cincinnati; R. N. Warren, M. D., Wooster; E. R. Eggleston, M. D., Mt. Vernon; Flora A. Waddell, M. D., Wauseon.

The following Chairmen of Bureaus were announced: Legislative and Statistics, Wm. Owens, Sr.; Sanitary Science, D. H. Beckwith; Pædology, M. P. Hunt; Clinical Medicine, C. O. Munn; Anatomy and Physiology, A. L. McCormick; Gynecology, M. H. Parmalee; Surgery, G. W. Moore; Obstetrics, J. Kent Sanders; Nervous Diseases, J. D. Buck.

The Society then adjourned to meet in Cleveland in May, 1890.

MICHIGAN HOMŒOPATHIC MEDICAL SOCIETY.

The twentieth annual session of the Homœopathic Medical Society of the State of Michigan was called to order May 21, in Barnes' Hall, in Detroit, by the President, L. D. Jones, of Brooklyn.

After prayer by Rev. Dr. Serviss, the Convention listened to the address of welcome by Dr. W. M. Bailey, of Detroit.

Dr. E. P. Gaylord was made temporary treasurer at this point and the secretary's report was read.

In the report of the board of registration and statistics, Dr. Bailey said: "The membership of our profession in Michigan is steadily on the increase in number and in talent. The number of homœopathic physicians in the state, as near as can be ascertained, varies a very little from four hundred and eighty." He also spoke concerning the building of Grace Hospital—"one of the most thoroughly equipped institutions of the kind in the country."

AFTERNOON SESSION.

The report of the Board of Control was taken up and a letter from Dr. A. J. Sawyer, of Monroe, was read, in which he gave a history with reference to Homœopathy in this state during the past year.

The president appointed as members of the Board of Control for the ensuing year, Dr. A. J. Sawyer, of Monroe, D. N. Nottingham, of Lansing, I. N. Eldridge, of Flint, O. R. Long, of Ionia, and C. S. Morley, of Detroit.

Dr. J. S. Ayres, of Kalamazoo, read the report of the Necrologist, which contained an account of the deaths of Dr. Ezra Smith and Dr. E. K. McGuire.

Dr. E. P. Gaylord now read the treasurer's report. The amount received during the year was \$286.32; amount paid out, \$260.22.

The Board of Censors appointed for the ensuing year were, Drs. J. N. Eldridge, of Flint, W. J. Mills, of Howell, R. C. Olin, of Detroit, Harold Wilson, of Detroit, B. L. Cleveland, of East Saginaw, C. J. Covey, of Grand Ledge.

The Bureau of Sanitary Science was passed.

The Bureau of Pædology was called. The paper of Dr. Francis F. Hillyer, of Grand Rapids, on Cholera Infantum was referred to the publication committee. It was afterward recalled and read by the secretary. Free discussion followed.

Dr. Mary A. Willard, of Detroit, presented an interesting paper on "Two Cases of Incipient Diphtheria." This article called up a lengthy discussion upon the value of heat and cold as agents in the destruction of bacteria.

The Bureaus of Anatomy and Physiology and Microscopy and Histology were passed.

Dr. J. S. Ayres, of Kalamazoo, represented the Bureau of Mental and Nervous Diseases. He read a valuable paper on "Facial Neuralgia."

EVENING SESSION.

Dr. D. N. Nottingham was called to the chair while the President delivered his annual address. Dr. Jones spoke of the progress Homœopathy has taken during the past few years. He has seen the state society grow from a membership of eight or nine to its present size.

The Bureau of Surgery was then taken up. Dr. S. H. Knight, of Grace Hospital, read a very interesting paper on "Cancer of the Breast." It was discussed by Drs. Randall, Morley, Brooks and Walsh.

In Dr. C. S. Morley's paper upon the "Ligation of the Common Iliac" he spoke of antiseptic treatment. This reference brought up an interesting discussion upon the subject of asepsis.

The Bureau was closed by Dr. O. LeSeure, of Detroit, who discussed "Surgical Tuberculosis."

The committee selected to appoint the chairmen of the several Bureaus made the following appointments: Pædology, A. F. Randall, Port Huron; Anatomy and Physiology, R. C. Rudy, Detroit; Materia Medica, H. C. Allen, Ann Arbor; Surgery, H. L. Obetz, De-

troit; Clinical Medicine, D. L. Nottingham, Lansing; Obstetrics, A. B. Cornell, Kalamazoo; Pathology, T. P. Wilson, Detroit; Gynecology, O. LeSeure, Detroit; Mental and Nervous Diseases, O. R. Long, Ionia; Laryngology, N. W. McLaren, Detroit. The Society then adjourned till 9 o'clock Wednesday morning.

SECOND DAY.

At 9 o'clock the Bureau of Clinical Medicine was called, but owing to the absence of Drs. Watson and McLachlan the Bureau was passed.

Dr. Claypole, of the Ohio Medical Society, was requested to take part in the Convention.

In the place of the Bureau of Pathology, Dr. E. P. Gaylord volunteered to read a paper on "Tetanic Spasms of the Uterus during Labor." This subject opened a rich field of discussion as to whether the physician should wait to get the action of the indicated remedy. Drs. Bailey, Wood, Claypole and T. P. Wilson spoke upon the paper. Dr. Nottingham related a case of his own in which he felt obliged to perform Caesarian section. Dr. Brown felt sure ergot had been given in both cases.

Dr. T. P. Wilson opened the Bureau of Ophthalmology and Otolology with a paper on "Barbers, Surgeons and Oculists," in which he traced the ancestry of an oculist back to his grandfather the barber.

Dr. C. F. Sterling then gave a very interesting extemporaneous discussion of the causation of functional nervous diseases from peripheral irritation in the eye. He related the experience of Dr. Stevens, of New York, and gave several instances in his own practice where correction of refractive or muscular errors had removed nervous troubles of long standing.

Dr. Harold Wilson followed in the same strain with a paper on "Reflex Inflammation of the Lids."

Dr. Wood, of Ann Arbor, complained that in the previous reports of the Convention the papers and discussions of the members had been changed so as to convey an entirely different meaning from that intended, and he proposed that each speaker be furnished with the proof of his paper. The resolution was adopted.

The Convention next proceeded to the election of officers for the coming year, which resulted as follows. President, D. M. Nottingham, Lansing; 1st Vice-President, J. F. Brown, Jackson; 2nd Vice-President, J. N. Reynolds, Grand Haven; General Secretary, Harold Wilson, Detroit; Corresponding, W. M. Bailey, Detroit; Treasurer, H. M. Warren, Jonesville; Necrologist, J. S. Ayres, Kalamazoo.

Judiciary Committee: Drs. J. N. Eldridge, Flint; E. P. Gaylord, Detroit; J. F. Brown, Jackson; W. J. Mills, Howell; A. F. Randall, Port Huron.

At the afternoon session, Dr. Arndt read a paper which may be regarded as a summing up of his 21 years of practice, as he had just attained his majority in the medical profession. He treated of the troubles of young physicians. Dr. Arndt's paper belonged to the Bureau of *Materia Medica*, but Dr. T. P. Wilson said that he was afraid that it would dim the lustre of his paper if it were referred to that Bureau, and upon motion the Society referred Dr. Arndt's paper to the Bureau of Clinical Medicine.

The Board of Censors reported favorably, and the following persons were declared elected members of the Society: T. H. Hicks, Detroit; C. A. Stafford, Blissfield; E. M. Hatch, Detroit; S. H. Knight, Detroit; S. P. Tracy, Sault Ste. Marie; O. E. Pratt, Ypsilanti; Mary E. Thompson, Ann Arbor; Lizzie A. Henderschott, Irving; Mary A. Willard, Detroit; Eliza Orleman, Detroit.

The Convention adjourned to meet at Lansing on the third Tuesday in May, 1890.

After adjournment the members visited Grace Hospital, where they enjoyed the beauties and conveniences of that grand institution, as well as did justice to a neat repast prepared by the lady friends of Homœopathy in Detroit.

VARIOUS TOPICS.

POISONING BY ANTIPYRIN.—The *Homœopathic Recorder* has the following: An author in a communication to the *Acad. de Médecine* relates a case of articular rheumatism treated with daily doses of 2.5 grm. of antipyrin. This treatment brought out in various places upon the patient's body an erythema, followed by insomnia, chilliness of the extremities, catarrhal conjunctivitis, hoarseness, increased pulse, etc. The cessation of the drug and a drop-dose of tincture of belladonna dispersed all these symptoms. Similar phenomena were observed by another author after a dose of 25-50 centigram. Great caution is necessary in giving this drug to aged and sensitive individuals. Dr. Jennings recommends belladonna or injections of atropine as an antidote for this drug.—*Allg. Hom. Zeit.*, cxviii, No. 5.

THE ALLEGED ANÆSTHETIC EFFECT OF ARTIFICIAL LOCAL ANEMIA.—The increased anæsthetic powers of such alkaloids as cocaine and erythroplœine when injected into a part that has been rendered bloodless by means of Esmarch's bandage or some other contrivance to accomplish the same end have been said by some to be more apparent than real, the anæsthesia being alleged to be really due to the anæmia alone. To settle the point, Karewski, of Berlin ("Therapeutische Monatshefte"; "Deutsche Medizinal-Zeitung").

has tested the sensibility of parts that have simply been emptied of their blood, without being subjected to the action of any drug. He finds that certain paræsthesiæ are caused, but that the sensibility to heat and cold is unimpaired, that the tactile perception is sufficient to enable the subject to distinguish the contact of a blunt object from that of a pointed one, and that the sensitiveness to painful impressions, far from being suspended, is rather intensified. Anæmia, then, is not an anæsthetic.—*New York Medical Journal*.

MUMPS IN AN AGED PERSON.—April 20, 1889, I was summoned to see Mrs. Wolf, 84 years old, and found her afflicted with catarrhal fever. The catarrhal inflammation did not extend beyond the bronchial tubes, and by the tenth day the patient was convalescing very nicely. However, this day my attention was directed to a pain complained of by the patient during deglutition, occurring in the region of the angle of the jaw. On examination, I found the lower part of the left parotid gland slightly swollen, and tender to the touch, and the next day the entire gland was inflamed, and the right one slightly so, and tender to the touch. I now concluded that my patient simply had the mumps, regardless of her extreme old age. There were no symptoms except such as might be expected in this disease, and by the fifth day the inflammation appeared to be subsiding, and the patient doing extremely well.

On the morning of the sixth day I was sent for in a hurry, the messenger informing me that the patient was supposed to be much worse. On my arrival I found her with the following symptoms: Stupor, stertorous respiration, and jactitation. She could swallow liquids, when aroused from the stupor; but in spite of our efforts to save her life she died at 4 o'clock the next morning.

Deeming this a case of mumps with metastasis to the brain, occurring in an extremely aged person, I thought it might prove interesting to the readers of the *Reporter*.—*Dr. Musgrove in Medical and Surgical Reporter*.

MEMORANDA.

The Brooklyn Homœopathic Hospital is to have a new wing, to cost \$55,000.

The Northeastern Ohio Homœopathic Association met at Cleveland for its semi-annual meeting. Dr. J. A. Gann, of Wooster, was elected president.

Another new medical journal is soon to appear. It is to be edited by James E. Gross, M. D., of Chicago, assisted by a number of prominent physicians. It will be known as "The New Remedies—

a by-monthly epitome of progress in homœopathic materia medica and therapeutics." Gross & Delbridge, of Chicago, will be the publishers.

It is said that 10 out of 20 candidates for cadetship at West Point were recently rejected on account of tobacco heart, brought on by cigarette smoking.

The Legislature of Massachusetts has appropriated \$55,000 for the purchase of land and the erection of buildings for an epileptic hospital at Baldwinville.

Santa Barbara, California, will have a homœopathic hospital at an early date. The homœopathic ladies there are pushing the project, and have already a lot and about \$5,000. Success to them.

In the United States in 1888, there were 3,588 Homœopathic Physicians. In 1889 there is an increase of 2.76 per cent., 3,882 men in active practice. California shows the greatest advance, an increase of 37 over 294 in 1888.

A century ago the University of Pennsylvania and the Harvard University were the only Medical Colleges on this continent. At this date there are 104 regularly organized Medical Colleges exclusive of post-graduate or school for special instruction.

The Missouri Institute of Homœopathy met at Springfield, April 23. The attendance was larger than usual and the papers exceptionally interesting. Dr. M. T. Rounds, of Kansas City, was elected President. The next meeting will be held in St. Louis.

The French courts have decided that a physician cannot legally sell his practice, on the ground that a medical practice is not an article of commerce. A contract to abstain from practicing in any given neighborhood is, however, valid, and to be capable of enforcing at law.

The new Hahnemann Hospital at Rochester, New York, was formally opened on April 10th, and the event was made the occasion of a very pleasant reception. The day was a most fitting one for the dedication, it being the anniversary of the birthday of Samuel Hahnemann.

The Legislature passed the appropriation, giving \$50,000 for a new hospital at Ann Arbor, on condition that the city bond itself for \$25,000 for the same purpose. June 17th, a special election was

called, and out of 943 votes cast, only 10 were against the loan. The Citizens' committee will at once confer with the Board of Regents with reference to a location and work will be pushed as fast as possible.

The Pittsburg Training School for nurses has been presented, by the heirs of Dr. J. L. Read, with his large medical library. It is impossible to correctly estimate the benefit to be derived from such thoughtfulness — a benefit directly to the nurses themselves and indirectly to the general public.

The new "Official Register" of the licensed physicians of California shows an increase, since the last issue, in 1887, of 171 Homœopaths. San Francisco has 62 Homœopathic physicians in active practice, an increase of 16; Los Angeles has 47, an increase of 23; San Diego has 15, an increase of 10. Homœopathy is certainly approaching the top of the ladder in California.

Dr. George Shelton, lecturer on toxicology and therapeutics in the New York Homœopathic College, it is said, was recently presented with the largest fee but one ever paid to a physician. For services rendered the daughter of a wealthy New Yorker through a long illness, he was paid \$50,000 in securities, worth on the market \$87,000. Horace Greeley's advice to *homœopaths* would now be "Go East, young man." It is not long since Helmuth got \$50,000 a year from one patient. Next!

The Hahnemann Society of the Homœopathic Department of the University holds its annual Commencement exercises on Wednesday, June 26, at 10 o'clock A. M., in room 24 of the main building. Dr. J. M. Lee, of Rochester, N. Y., will deliver the address. Prof. Wood makes the presentation of diplomas. The Chequamagon Orchestra will be in attendance, and a general good time is expected. Let all Homœopaths and their friends turn out and enjoy the pleasures of Commencement week at the University.

The *Homœopathic World*, published in London, Eng., says in its May number, in regard to the late John Bright, that the cause of his death was congestion of the lungs, and in addition to this, diabetes and albuminuria—a formidable combination. The notices of Mr. Bright's death in the public and medical journals are almost all silent about his medical faith. He was a consistent Homœopath and was attended to the last by Dr. Hale, of Rockdale, and Dr. Drysdale, of Liverpool, with whom Dr. Hale consulted. He was nursed by nurses from the London Homœopathic Hospital. About three years ago Mr. Bright had a similar attack of congestion of the lungs in

London, when he was under Dr. Dudgeon's care. It is idle for the allopathic section to sneer at Homœopathy when men of such clear intelligence as Mr. Bright, Archbishop Whateley, Lord Beaconsfield, Earl Cairns, Augustus de Morgan, Sir William Siemens, and others who have made their mark in the world, can trust it for life and death.

The *Ionia Sentinel* of June 6th, has a column article in regard to the new board of pension examiners. The board is composed entirely of Homœopathic physicians: Dr. A. B. Grant of Ionia, Dr. T. R. Allen of Ionia, and Dr. G. D. Allen of Portland. The *Sentinel* says: "The board is in receipt of a highly complimentary letter from Commander D. L. Nash, of Wm. H. Borden Post, G. A. R., of this city, and the universal confidence in the board and in the fair and friendly feeling of its members was signally evidenced by the presence of applicants from five counties."

PERSONALS.

D. E. Dawe intends to locate at Adrian with Dr. Sawyer.

R. H. Stevens, '89, has been spending a few days at his home in Chatham, Ontario.

Dr. J. S. Campbell has been spending a couple of weeks at his home in Lapeer County.

Miss Dr. Thompson has been visiting friends in Lapeer for a few days past, but has now returned for Commencement.

Dr. Lizzie A. Henderschott, U. of M., '88, visited her Alma Mater the first of the month. The Doctor is located at Irving.

Dr. Oliver L. Eddy, U. of M., '82, has recently been granted a license to practice by the Homœopathic Board of California.

Dr. Mary E. Peck, Chicago Homœopathic, '89, has located at 750 Third Avenue, Detroit. She was formerly, with '89, of U. of M.

Dr. H. R. Arndt has departed for California to join his family. He has not determined the length of his sojourn in the Golden State.

Dr. D. J. Sinclair has finished his work in the college and has departed for his home in Canada. The best wishes of his friends follow him.

C. A. Macrum and J. A. McLachlan, of the class of '89, U. of M., depart for the Pacific Coast right after Commencement. The former locates in Oregon, the latter in Washington Territory.

Dr. J. M. Lee, of Rochester, New York, will deliver the address before the Hahnemannian Society this year. All are invited to attend the exercises in Room 24, at 10 o'clock A. M., Wednesday, June 26th.

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ARTICLES IN MEDICINE.

ON APIS MELLIFICA.*

BY THOMAS NICHOL, M. D., LL. D., D. C. L., MONTREAL, CANADA.

Oedema is the grand characteristic of the apis erysipelas. The affected part at first assumes a delicate rosy hue, very different from the bright red of belladonna, and before the rosy tint has had time to deepen, oedema sets in. I have often noted that the apis erysipelas commences in or near the eyes, preferably the right eye, and less than any other remedy is its erysipelas connected with nasal catarrh, and when the attack is at its height the well-known sac-like oedema appears under the eye. But, as Hering points out, a neglected apis erysipelas assumes a deep purple hue, and is inclined to extend downwards to the connective tissue, finally ending in destruction of the affected part.

As the morbid process advances the characteristic burning and stinging pains appear; the fever is quite high, with dry skin and bounding pulse. The dryness of skin is mingled with chilliness from the slightest movement, with heat of the face and hands. Flushes of heat pass in waves over the entire body, and the malaise is very marked. Absence of thirst is characteristic of the apis erysipelas, as it is in most of the morbid processes in which this remedy is indicated. As a rule, the erysipelas commences at the right side of the

* Continued from page 106.

face and extends to the left. In some of Constantine Hering's cases the nights were sleepless, suddenly screaming out with shrill shrieks. The urine is dark-colored and scanty.

Jahr thinks that apis is especially indicated in the rheumatic form of erysipelas; my experience is that it best suits erysipelas when complicated with catarrhal affections of the nose and ears. Jahr adds that it is indicated when the individual frequently suffers from erysipelas, also in women and children.

Belladonna is quite like apis, and yet the difference is readily seen. The belladonna erysipelas is bright red; the apis erysipelas is of a much lighter hue—a kind of rose pink. The belladonna erysipelas is smooth, without œdema and without vesicles; apis almost invariably has œdema, and vesicles are common. The characteristic pain of belladonna is beating and throbbing; that of apis is burning and stinging. The pulse of belladonna is full and hard; the apis pulse is small and thready. The delirium of belladonna is furious and fitful; the delirium of apis is bland and merry; lastly, the belladonna is much more likely to attack the brain than the apis form of the disease.

Rhus toxicodendron is even nearer apis than belladonna, and, as Farrington acutely remarks, "you should be particular in differentiating these remedies because they are inimical and one can not be given after the other." The hue of rhus erysipelas is a dark angry red; apis is a rose pink, or, when far advanced, a livid purple. Both have place in vesicular erysipelas, but the vesicles of rhus itch, those of apis burn and sting. The erysipelas of rhus is apt to be moist; the apis erysipelas is almost invariably dry. The rhus erysipelas commences at the left side and crosses to the right; apis is just the reverse. The rhus erysipelas tends to a typhoid state; the apis erysipelas tends to dropsy.

Dr. J. S. Hoyne, of Chicago, reports the following case: "Mrs. B., æt. 34, was attacked with erysipelas of the face, involving also the parts about the eyes; one eye was entirely closed; very slight fever, and no thirst. Apis 200 speedily relieved."

The following case occurred in the practice of Dr. Kafka: "A child of 8 days was circumcised; erysipelas followed;

redness of the parts extending nearly to the navel, over the scrotum, and on to the thighs; the little penis was erected; the glans dark-blue; the wound bluish, and the skin at the edges of the wound œdematous; the pain was so great that the babe cried constantly; applied cold cloths, gave apis 3."

Dr. Tietze reports the following case in the *United States Medical and Surgical Journal*, of July, 1869: "The erysipelas was occasioned by taking cold, the patient, a lady of 17 years, having stood for some time at the open door in the damp night air. She felt a slight chill, which, more severe, returned once or twice during the night, and was followed by high fever. By the next morning the affection appeared on the right side of the nose, and within four days spread over both cheeks, eyelids, the right ear, forehead and part of the hairy scalp, upper lip and a part of the skin. That the case, *ab initio*, was a severe one, was manifest from the intensity of the general (fever, headache, gastric disturbances) and local symptoms (very numerous bullæ, quickly uniting into one large blister on the cheeks, forehead and chin, intense conjunctivitis of the right eye). However, the remedy very soon held decided control over the trouble, and though it spread over both sides of the face, the several successive eruptions had a dead appearance at the very outset, and the disease ran through its course within six days. I have to add that the patient had never suffered from erysipelas before."

Dr. Goullon, of Weimar, relates the following very interesting case in the *Allg. Hom. Zeitung* for November, 1875: "Herman R., aged twenty-eight years, a disabled soldier, of strong frame, dark complexion, was wounded in the year 1870. From this time the patient had a yellowish complexion. He is very prone to colds and catarrh. Disposition cheerful, notwithstanding great irritability. The only trouble of which he wished to be cured was swelling on different parts of the body, especially on the face, and often so sudden that one could see the affected part swell. The swelling begins with small elevations resembling blisters, like nettle-rash or erysipelas, with continued itching, but without producing any further pain. The single small spots then unite in such a marvelously short space of time, that, after the

lapse of scarcely half an hour, the whole face or whatever part happens to be affected, is completely swollen. Very often the swelling attacks the feet, so that it is impossible for the patient to draw on boots or shoes. The weather has a very great influence upon this affection, for with every change of the weather the formation of these swellings follows more or less. They are worse from warmth (of the bed) and improve visibly in the open air. The swelling often disappears as suddenly as it came. Besides this, since the wounds on his leg had healed, the patient had an herpetic eruption on both legs, which looked alternately better and worse. At its worst, there was considerable moisture, so that he had to bandage his legs; also great itching of the skin. Soda-baths, tar-soap, and cod-liver oil suppressed the herpetic eruption, but did not cure it. At present (January 19, 1876) it appears again pretty severely. Appetite, digestion, stools, as well as sleep, are normal, also the sexual functions. After the use of rhus 3 and causticum 3, the eruption is the same. On February 3rd the face, arms and legs were "fearfully swollen." On the next day everything had disappeared. * * The eruption on the legs reappeared and extended from the knee to the ankle, and was so moist that he could not walk out unless his legs were bandaged. If the eruption became crusted over, a fearful itching followed, so that the patient would like to scratch everything off. * * * During the months of February and March the patient took sulphur, graphites, arsenicum and mercurius precip. ruber. While taking the last remedy his limbs improved, but the general condition grew worse. April 1st, he reported that his urine (which had contained albumen) was then free from it; at the same time he gave a more minute account of the swelling. It is not doughy, but perfectly hard, and no impressions are visible. The extent is variable; at one time the face, or one side, from the ala nasi up over the eye, is affected; at another time the neck and the breast, or the arms, or the other half of the face, and sometimes the whole face, so that he can use neither eye. The skin always looks red, sleep good, tongue heavily coated and swollen, especially when it is damp. Perspires easily. No fever, chills, thirst, indigestion, cold feet, pains in the limbs, epistaxis, hæm-

orrhoids. * * * On the 6th of April his left eye was entirely closed, and his mouth so swollen that he could scarcely open his lips: on the following day he was free from the swelling. Then on the 11th and 12th of April it appeared again; and this time to a far greater extent. The right eye, the neck and breast, were swollen; some blisters also appeared on the arms and legs; but on the 13th everything had disappeared. On the 18th the swelling was on the left foot over the instep, to such an extent that he could not draw on his boot; the right hand was also swollen to above the wrist, so that movement of the fingers was difficult; some blisters showed themselves on the face, neck and breast. On the 19th the swelling had nearly disappeared. The swelling lasts two or three days. Before it reaches its height there is terrible itching of the affected parts, and painful tension of the skin; otherwise no pain. On the 21st of April the patient took apis 6, four drops in four tablespoonfuls of water; dose, two teaspoonfuls, morning and evening. On May 25th he writes: 'Inasmuch as the last prescription did me considerable good, I did not think it necessary to write immediately at the expiration of the fortnight, but continued the medicine, and am much improved. At times, it is true, there are, here and there, symptoms of the swelling, but they are of no significance, and I am convinced that the disease has been cured. Heat has no ill effects upon me and I take a great deal of exercise, which makes me perspire profusely, after which I feel very tired, but soon am all right again. As a precaution I shall continue to take the last remedy for a while.'

Dr. C. Carleton Smith reports the following interesting cases in the fourth volume of the *Journal of Homœopathic Clinics*: "A lady, aged 50, requested me to visit her and prescribe for an incipient felon. The forefinger I found was involved. Symptoms: good deal of tumefaction, pains seemed to her like those which follow a bee-sting, *stinging, pricking*, and throbbing, occasionally extending up the arm. I told my patient that under homœopathic treatment these cases were often cut short in their first stage by internal medication. This surprised her, as she expected a local application of some sort. I prescribed apis mel. 200, in water, every

three hours two teaspoonfuls. The result was, the pain soon subsided, as did also the tumefaction, to the great delight of the sufferer. In all cases of this sort, before commencing treatment, I instruct the patient to put the hand in a sling to prevent undue congestion of the part, the cure being thereby much facilitated."

"An old lady, aged sixty years, sent to me by mail for a prescription for erysipelas. She informed me that the disease had become chronic, breaking out periodically for years, involving the upper part of the face, especially the eyes. Symptoms: stinging, pricking pains, puffiness below the eyes; skin turning a dark blue (almost black) during the attack. No relief all these years from allopathic or domestic treatment. I sent her *apis mellifica* 200, on account of the *stinging, pricking pains*, the blueness of the skin, and the puffiness under the eyes. I ordered a teaspoonful of a solution of a few pellets in half a tumbler of water, morning, noon and night, one hour before each meal."

It will be seen that masters in our art have used the two extremes of the scale of dosage, but my experience leads me to believe that the best results are obtained from the sixth decimal trituration, given in repeated doses.

IODINE AND ITS SALTS IN PNEUMONIA.

BY S. LILIENTHAL, M. D., SAN FRANCISCO, CAL.

The worthy chairman of the Bureau of Clinical Medicine informs me, readers of THE MEDICAL COUNSELOR, that the members appointed to that Bureau selected pneumonia as the theme for their essays, or for discussion. This narrows down the field of my subject, the clinical use of iodine salts, and gives me an opportunity to confine myself to iodine in pneumonia. My venerated and venerable friend, Dr. John Kafka, of Prague, fought already many a battle in defense of the practice of iodine in pneumonia. Let us hear his reasons for its employment. Page 201, Vol I, of his classical work, "Homœopatische Therapie," this eminent author writes: "We hinted already when treating of croup, of bronchitis, and pleuritis, what remedies are useful to combat croupous inflammations. In relation to croupous

pneumonia iodine and its salts take front rank. The results of physiological pharmacodynamics show here considerable trouble in the respiratory process, manifesting themselves by anguish, oppression of the chest, with burning, tearing and lancinating pains — when breathing a sensation as though a great obstacle had to be removed in order to dilate the thorax, cough with difficulty of breathing, stitches in chest and expectoration streaked with blood; dyspnoea with pain when taking a deep inspiration, though physical examination or toxicological experiments do not demonstrate pneumonia. Under kali sodium we meet decided symptoms of pneumonia, though the symptoms-codex gives us more symptoms hinting to pleuritis. *Pure iodine in the first or third dilution at the beginning of localization*, 8 to 10 gts in a glass of water, a tablespoonful every half or full hour, according to the intensity of the case, is as sure to remove the whole trouble as Antimonium tart. is in pleuro-pneumonia. After four to six doses have been taken the dyspnoea ceases and with it the oppression and the pain; the cough loosens, the fever declines and the pulse moderates (120–112 to 100–92) a mild perspiration sets in, followed by a sensation of '*Bien aire.*' Examining the patient now, one finds all the objective symptoms of pneumonia, but the progress is stopped in its progress, it retrogrades with ease, loose, rarely purulent, sputum, so that in four and twenty hours cough and expectoration cease."

The same effect has kali hydroiad, 1–3, in pleuro-pneumonia where the failure of antimonium tart. shows that the inflammation is of an eruptive nature. It shows the same beneficent action in secondary croupous pneumonia during the course of bronchitis when phosphorus fails to relieve. Kali sodium is also an excellent remedy, where pneumonia sets in with delirium and belladonna fails to do any good, and it is equally indicated in croupous pneumonia located at the apexes of the lungs with danger of tuberculous deposits in consequence of hereditary or constitutional disposition.

The most intense febrile heat is no contra-indication, for as soon as localization begins, the sphere of the action of aconite ceases. The higher the fever, the more refined and divided the dose of iodine must be, for strong doses are sure

to aggravate the fever and the local symptoms. Twenty-five years ago Kafka's work appeared, and when I had the pleasure to embrace him a few years ago in his own home, he reiterated to me the assertion of the curative influence of iodine and its salts in croupous inflammations. That man has practiced successfully nearly sixty years. What an experience he must have gathered, and we may well believe his word and follow his advice. Yet what are the symptoms of any croupous inflammation and of croupous pneumonia in particular?

It is a pity that the differential diagnosis between croupous inflammation and diphtheria is still the subject of frequent discussion and weighty authorities can be enumerated for either opinion; it is a pity that some even deny at the present moment the zymotic origin of croupous pneumonia, and bacteriology has still many a battle to fight before these parasites will be acknowledged the source of all evil. It is a pleasure that just in pneumonia the expectant treatment of the Vienna school has shown to the so-called regulars their wickedness and foolishness and heroic treatment belongs to by-gone years. It is a pleasure to record that in the same city "on the blue Danube" the homœopathic treatment of pneumonia gained its laurels even over expectant treatment, and may we hope that the essays before us may still more clearly put before us the individualities of the different drugs.

Most clinicians define croupous pneumonia as an acute inflammatory process of the lungs running a typical course, leading to an infiltration of the pulmonary alveoli and bronchioles with a coagulable fibrinous croupous exudation. We need not mention the three stages of extensive hyperæmia, of red and gray hepatization, and the final purulent infiltration, which every senior must recapitulate at his final examination. Our aim is either to prevent such dire accidents, and restore health during the primary stage of the disease. The question looms up, will iodine and its salts respond to this indication?

Our old friend Raue in his classical work, Dr. A. K. Crawford in Arndt's encyclopedia, Jousset in his lectures, Baker in his pathology, one and all give iodine and its salts the cold

shoulder in the treatment of croupous pneumonia, and still the very pathogenesis of the drug verifies the assertion made by Kafka.

There appeared a year or two ago at Paris a thesis *pour le doctoral in médecine* by an American lady, Dr. Elizabeth N. Bradley, on iodine, and this thesis was highly praised in French and German journals, the latter only, with their old-fashioned prejudices, feeling sorry that it emanated from a woman. The learned doctor showed that all the haloides, introduced directly into the blood, evince an action on the capillary circulation. Experimentally Blake showed that in the lungs it caused such a retraction of the blood-vessels that circulation is impaired, followed by degeneration of the tissues and exudation in the bronchi. Rumno found that iodine diminishes the number of contractions of the ventricles, varying according to the dose; it comes slowly with small doses, but when three or four centigrams were used in his experiments on frogs, the pulsation diminished and the heart stopped in diastole. All authors agree that iodine and its salts produce degeneration of the tissues. Biez Hagger and others found fatty degeneration of the heart and of its epithelium, of the liver and kidneys.

In observations made on patients taking iodine, the same circulatory troubles were observed which physiologists had demonstrated in their experiments, palpitation without organic disease, pulse at first 130-160, small, weak, imperceptible, fainting, dyspnœa, collapse, death. In non-fatal cases are seen the non-murmurs in the jugulars, photophobia and diminution of vision, buzzing in the ears, veins more or less visible, cyanosed lips, icy cold extremities, general cyanosis, capillary hæmorrhages, epistaxis, hæmoptoe, production and rupture of hæmorrhoids, bloody stools, hæmaturia, conjunctival ecchymosis, æmia, either from anorexia or from sanguinous lesions.

In relation to the respiratory organs, he remarks that iodine and its salts cause coryza, at first, dry cough, then copious mucous expectoration, which may even become bloody, many patients complain of dyspnœa and weak respiration which may become rapid, difficult and whistling. Santus reports two cases of asthma and one of laryngismus stridulus, Nelaton one of œdema of the glottis.

Kali hydroiad causes coryza, epistaxis, dyspnœa and hoarseness; one of Rodet's patients had several attacks of hæmoptysis. Huchard and others speak of œdema pulmonarium and of œdema of the glottis.

In giving iodoform Kœnig and others witnessed pneumonia and œdema pulmonarium from its use. The patient often complains of a retrosternal or thoracic pain. Anxious respiration and even pulmonary hemorrhages are recorded by Jahr and Sebert. In relation to the nervous system, iodoform produces in frogs and cats narcotism, and in toxic doses it produces fatty degeneration of heart, liver and kidneys, with all the phenomena of a general paralysis and a considerable fall of temperature. Iodide of sodium, even in small doses, causes in animals narcosis of the brain. This salt is a poison for the respiratory centers. Large doses cause primary paralysis of the heart. In man tincture of iodine causes headache, he feels stunned, oppressed, apathetic, in a state of extreme prostration, faints away, trembling, clonic and tonic epileptiform convulsions, paraphæsa, and delirium. Similar symptoms were observed from salts of iodine and iodoform. Dr. Bradley mentions everywhere her authorities and thus proves her statements. How true is the remark of Jurgensen (Ziemssen's Encyclopædia, Vol. I, p. 152, Germ. ed.): *The danger which threatens a patient suffering from croupous pneumonia lies primarily in the heart of the patient. Death arises from insufficiency of the heart.* 1. The pneumonic exudation causes obstacles in the lesser circulation, hence the right ventricle has more work to perform. 2. The changes which a pneumonia produces in the lungs diminishes the strength of the lungs to carry on the circulation. 3. The surface by which blood and air mix together in the lungs is diminished and more labor is required to keep up their necessary interchange. 4. As its expression we meet the fever showing itself by increased labor of the heart, and hence directly injuring the heart. Then it is from first to last the heart which bears the burden of the disease, and our aim must be: (1) To prevent *the heart to become weakened.* (2) To fight the fatal outcome of such debility. This is just the point where Jurgensen and Kafka so beautifully agree.

We must not allow the heart to become weakened, says

Jurgensen, and Kafka teaches here that pure iodium, at the beginning of localization, no matter how high the fever may be, is our only sheet-anchor, our only safeguard. The time for iodium and kali iodium has passed as soon as heptization sets in, and phosphorus, that great tonic of the heart, must then take its place.

In comparing the symptoms of croupous pneumonia with those of iodium and its salts, we read in Allen: 42, confusion of the head with great aversion to mental work. 51, congestion to head with headache relieved by eating. 61, violent throbbing headache. 96, hair falls out. 113, weak eyes, as if they lay deep in orbits. 136, weakness of vision. 160, coryza. 171, epistaxis. 191, flushed face, hot and red face. 198, sallow, distressed countenance. 551, œdema of glottis. 570, croupy cough. 580, respiration accelerated and difficult. 590, feeling of suffocation. 594, sudden dyspnoea, with pain on deep inspiration, during which the heart beats more violently and rapidly than usual and the pulse smaller and more rapid. 600, constriction of chest changing to pressure. 619, great præcordial anxiety. 626, violent palpitation and other nervous disorders. 631, rapid feeble pulse.

Lippe in his *materia medica*, p. 313, cough with expectoration of large quantities of mucus, which is frequently bloody, rattling of mucus in chest, with roughness under the sternum and oppression of the chest, sensation of weakness in the chest and heart; difficulty of expanding chest on taking an inspiration, sensation as if heart was squeezed together, internal dry heat, with external coldness.

Hering's *Guiding Symptoms*, 11, difficult inspiration, shortness of breath, palpitation, dry cough with stitches and burning in the chest, great weakness with cough, itching, tenderness in lungs behind sternum, rattling in chest, yet nothing seems to loosen, with roughness under sternum and oppression. Croupous pneumonia, with sensation of weakness in chest, with anxiety, oppression and burning, tearing, stabbing pains; sensation as if something resisted expansion, cough with dyspnoea and blood-streaked expectoration, continuous delirium, also, during third stage, when slow suppuration sets in without marked febrile symptoms in tuberculous patients, causing slow-progressing hectic condition,

entirely confined to the lungs; palpitation of heart, with faintness worst from least exertion, cardiac action excessive, tumultuous, irregular and intermittent action of heart, dilatation of heart, great debility, sweats even when talking.

If my time were not limited, most assuredly your patience, too, must be considered. Still I think to have demonstrated that Kafka does not deserve the carelessness with which most authors treat the sage advice of this Nestor of Homeopathy, but let us recall that there is a time for everything, and Hahnemann teaches, "Machs nach, aber Machs nicht nach."

CLINICAL CASES ON THE USES OF IODINE AND ITS SALTS.

BY PROF. A. K. CRAWFORD, M. D., CHICAGO.

PHTHISIS.—SECOND STAGE; LEFT LUNG; RECOVERY; IODIUM;
PHOSPHORUS.

When first examined in January, 1885, under inspection there was noted cardiac impulse slightly displaced downward, and the left clavicle prominent. Under palpation increased fremitus on left side when coughing, not when speaking. By the latter test the fremitus was more marked on the right side. Percussion gave dulness along the whole anterior surface of the left chest, most marked from the apex to the third interspace. By auscultation, tubular breathing, with high pitched expiratory murmur and mucous clicks were heard. The right chest showed much better expansions than the left, and transmitted no adventitious sounds, excepting when the patient caught cold, when sibilant and sonorous rhonchi were present in both lungs.

The general state of this man's health was exceedingly poor; he had lost 25 pounds of flesh, and was too weak to work at his trade, which was roofing. His temperature was 99°, and his pulse was 84 per minute, and polycrotic by the sphygmograph.

This patient was living in Denver when he contracted his trouble, and when a report of the case was given to the *Clinique* I stated, by way of diversion, that he had left Colorado and came to Chicago for his health. Such a move is diametrically opposed to all accepted aphorisms for the

guidance of pulmonary cripples, but this perversity possibly saved his life. There can be no doubt of the existence of consolidated lung tissue at this time, and that softening of the mass had already set it; therefore a case of the second stage of phthisis had to be dealt with. He took compound oxygen and iodium 3 and 6, and followed assiduously the diet, exercise, and general hygiene advised.

The record of this case, in September, 1886, shows that there is only slight dulness at the left apex, the balance of the lung being clear. A little subcrepitation is heard in the same locality, and the right apex is similarly disposed, although much less than its neighbor. So that now there are no signs of consolidation excepting the dulness noted above, and the transmitted voice. He expectorates very little, and this is never bloody as it was two years ago, and he is doing excellently in every other way, having more than regained his lost flesh and color and strength. He is still taking his compound oxygen, and phosphorus 30 is substituted for the iodium.

In the present year of grace he is a hearty looking man in active business in Chicago.

PHTHISIS.—ARRESTED IN THE THIRD STAGE; IODIUM; ARSENICUM.

A German woman, sixty years of age, was so wasted and weak, seven months previously when first prescribed for, that she required the assistance of two relatives, one at each elbow, to enable her to reach the hospital. There was a short period of improvement, until the following month, when she grew rapidly worse, and was soon prostrated in bed. She became so very ill that no one hoped to see her up again. But persistent care and treatment restored her to her feet and to some degree of health and usefulness.

When first examined her pulse was 108, and her respirations 28 per minute. The thermometer recorded a normal temperature when taken at noon, which was not thought to be remarkable at all, nor did it preclude the possibility of a rise later in the day. The clavicles and ribs could each be counted easily, and the respiratory movements were labored. She was having profuse sweats, and abundant purulent sputa. The cervical glands were much swollen, and the integument

covering them was reddened, threatening suppuration. The respiratory sounds were chiefly bronchial in character, where the air permeated the lung tissue, loudly transmitted, and attended by mucous rales and occasional gurgles.

After the abatement of the threatening symptoms, and she was able to leave her bed again, the act of respiration was found to be much less labored, and the moist rales had greatly diminished, in fact they were only occasionally detectable.

Percussion, while the patient held her chin up and mouth open, gave forth cracked-metal resonance over the left second interspace, and cavernous breathing was heard in the same locality, certain evidence of the existence of a dry cavity with more or less tense walls.

This patient's cough almost disappeared; there are no more troublesome night-sweats, nor evening febrile movements, and her strength and flesh have very much increased. There is an absolute *stay in proceedings* in this far gone case of consumption, and arsenicum 3 and iodium 3 have been the only remedies used — sometimes singly, sometimes in alternation.

INCIPIENT PHTHISIS.—IODIUM.

Lizzie M., age twelve. Bohemian. Scrofulous diathesis. Her mother died of consumption three years previously. She has not menstruated yet. No cough, but she is very anæmic and feels weak. The left apex gives a high pitched and short percussion note. Fremitus is less marked on this side. The breathing in the upper lobe of the left lung is high pitched, tubular and jerky. Respirations forty per minute and labored. Pulse 112. A hæmic murmur is heard in the left second intercostal notch. Visible pulsations in the neck.

Iodum 6, four doses daily; a week later the jerking respiration is less marked, and the hæmic murmur very indistinct. Respirations thirty per minute. Pulse 104. Says she feels better. Iodum 6 continued.

PLASTIC BRONCHITIS: PHTHISIS.—IODIUM; ANTIMONIUM TAB.

Mrs. K., age forty-five, has had a bothersome cough for three years; worse in winter. For three months past it has been very bad and persistent. The chest was examined with

difficulty on account of the continuous useless cough. At times the sputum has been streaked with blood, at other times it is greenish-yellow. After prolonged and severe coughing attended by great dyspnoea a plug like a worm is expectorated. The chest is full and broad and there is no sinking of the clavicular regions. There is diminished resonance in the left sub-clavicular region, above the left clavicle are heard sibilant rales and the transmitted heart sounds. Below it, down to the fourth interspace, there is interrupted inspiration and prolonged expiration of decidedly harsh quality. During the succeeding four weeks under iodium 3, considerable improvement was manifested. The cough was less frequent, and the secretion looser and freer. She slept better. But at this time she caught cold, and more of the worm-like strings were coughed up. There was also the sound of much loose mucus in the chest, white and frothy when expectorated. Antimonium tart. 3.

A few weeks later she contracted another cold, but said she had not the "old, bad long cough." Some percussion dullness was found over the apex of the right lung. Temperature $99\frac{1}{2}^{\circ}$. Antimonium tart. continued. When the effects of the acute attack had subsided she was given the iodium 3 again, four times a day. There was still much coughing, and some expectoration, but not of the molded, plastic material. She sometimes has coughing spells and catching pain between the shoulder blades. The tubular quality of the breathing had increased.

After the lapse of two months, during which time she had taken no medicine, she reported again for treatment. She had evidently lost ground in the meantime. Complained of pain along the anterior attachment of the diaphragm. The cough continued, but not so violent as formerly.

By physical examination it is determined that the trouble is confined to the upper portion of the left lung. There the intensified respiratory sounds are still heard, sibilant, interrupted and prolonged. The partial consolidation which has been brought about by the fibrinous quality of the bronchial secretions will, in all probability, undergo cheesy and purulent metamorphosis and destroy the surrounding lung tissue, etc. Iodine 3 continued.

INGUINAL ABSCESSSES.—SYRUPUS FERRI IODIDE.

A case of inguinal inflammation resulting in abscess, originating from an injury, came under my care because of the extension of the suppurative process into the contiguous glands, until the whole groin was involved. The pus was burrowing, too, downward along the inner aspect of the thigh, and several openings were required for drainage, each successive one being a little farther away from the original one, which was still open. Knowing that the patient had a syphilitic history I attributed this untoward process to his old infection. The iodide of potassium had formerly done him good service, and after convincing myself that the usual range of homœopathic remedies for this complaint were doing nothing for the patient, I prescribed potass. iod. in material doses without effect. Then I resorted to the syrup of iodide iron, and improvement began apace with five drop doses of this drug. Its continuance reduced the knobs of inguinal induration and entirely eradicated the suppurative process.

BROMIUM IN MEMBRANOUS LARYNGITIS.

BY J. W. COOLIDGE, M. D., SCRANTON, PA.

Teste, who, I believe, first called the attention of the medical profession to the use of pure bromium, 1 - 100, in sweetened water, as a remedy in membranous laryngitis, has placed us under many obligations for the hint.

While the remedy is an old one, no special successes in these desperate cases had been recorded until the genius of our French confrere made plain the fact that the ordinary preparations of bromine are such in name only. Chemistry shows that by the action of light alone the drug is decomposed, forming hydrogen bromide as a resultant. Bromine is exceedingly volatile at ordinary temperatures, giving off dark red vapors. It dissolves rather sparingly in water, and extreme precaution should be taken in administering so powerful a preparation, not to allow small dark globules of the drug to float in the mixture. It is quite readily soluble in alcohol, and in all proportions in ether. It can only be preserved in a cool, dark place, the bottle securely closed with a glass stopple, and with a layer of water over

the bromine. In the shops it is usually kept packed in sawdust, in black glass-stoppered bottles. The dilutions should be aqueous to the 4th decimal and alcoholic above that.

On the respiratory organs bromine exerts a very decided and irritant action. It influences the lungs and air passages in poisonous doses by whatever way it may be introduced into the system. Dr. Ozanam has ascertained that an aqueous solution of bromine, of the strength of one part in a thousand, disintegrates a false membrane in an hour. My own experience, in many cases, in administering 3 to 5 drop doses of the 1-100th solution in a dessertspoonful of water confirms this. I have not, however, found it so efficacious in diphtheria, with extension of the membrane to the air passages as in idiopathic membranous laryngitis, unless the following cases, which I will detail, were cases of laryngeal diphtheria rather than true membranous croup.

In March of last year, following the great blizzard, came a call to visit a family living in the outskirts of the city. Two children had died of diphtheria, one still unburied, and the three remaining little ones were all down with this disease. The attending physician gave no hope of the recovery of these three cases. In the midst of squalor and in a cold and cheerless room, two children, five and seven years of age, and an infant of 20 months, presented a most pitiable sight. The baby in its mother's arms was breathing with the greatest difficulty. Although it was the middle of the forenoon, the terrible restlessness and anguish of the previous night had not abated. The cough was without sound save only that muffled resonance with which we are all familiar. The chest walls rose and fell and the heart beat wildly. The child was cyanotic, its face cold and forehead bathed in perspiration. The other children presented similar symptoms, but less intensified. I had been told they had diphtheria. A boy of eleven and a girl of seven years had died a few days before. The cases all seemed similar. The friends declared that they saw no difference in any of them, the same cough, hard breathing, restlessness, till death ended all. An examination of the fauces of each showed no deposit, there was no swelling of tonsils or sub-maxillary glands, and

no fœtor of breath. Around the rima glottis in each case appeared a grayish-white membrane. This could be plainly seen by looking vertically down into the throat, the child lying on his back with his head held between my knees in a good light, and base of tongue pushed forward.

Kali bich. 3x trit. was given alternately every hour with spong. in water. Returning in the evening no improvement could be noticed. Pure bromine 1 to 100 freshly prepared in sweetened water was now given to each to be repeated hourly until relieved, then every two or three hours. As I departed from the house at this visit I was followed to the door by one of that class of women who, in sickness, so frequently throng the small and stifling apartments of the very poor, and whose sympathies for the sick and distressed call forth many curious phases of purely disinterested motives. It is here, as nowhere else, that we are close to Nature's heart; we behold here the real man or woman, controlled by no ulterior or selfish promptings, no desire or greed for gain or hope of personal reward, or of any compensation whatsoever, pecuniary or otherwise, not the exotic creature of society, the unreal woman of the world; this one, untaught but *real*, is the embodiment of human nature, unhidden by a sentimental network of crochet. She said: "You are a stranger to me, but I am your friend. Do not take these cases. They will die; they can't be cured, any more than the ones that have died, and you won't get a cent out of them." I said in substance: "Madame, your prognosis is good as relates to matters financial, and is in keeping with my own experience many times repeated and a fair knowledge of human frailties in general in this direction. It may hold good as to human life as well, but I'll be here in the morning to determine that. The gratitude of a mother, than which earth holds no higher compensation, is a full and sufficient reward." And these lives were undoubtedly saved by the use of bromine. Improvement to all came after the second or third dose, and all made complete but rather tardy recoveries. First came relief of breathing, a looser cough with expectoration of much stringy mucus, difficult to expel, as if the membrane had been dissolved and came out in long strings of a viscid, gluey nature. It would be interesting to know

how this was accomplished, whether by specific action of the drug stimulating the glands underneath the membrane, the secretions dissolving and removing it, or by some more mechanical or chemical process, such as its removal by a disintegration set up in exhaling the drug, or by the vapor arising from the stomach after each dose. I take it that the latter is the *modus operandi* in which event the inhalation of bromine vapors ought to be effectual.

It would also be of interest to be able to settle the vexed question of the identity or non-identity of these two affections—membranous laryngitis and diphtheria. Five cases of one type existing together would point to a common cause. The surroundings, close proximity to overflowing vaults, and all kinds of human and animal filth, were significant of contagion, although no cases of diphtheria existed in the neighborhood, that I could discover, and none appeared afterwards. The absence of fœtor oris, of much fever, and other symptoms of diphtheria, was also significant, and I can only propound the question, What were they?

SURGERY.

THE SEXUAL ORGANS OF A THOUSAND CONVICTS.*

BY T. C. MARTIN, M. D., ASSISTANT PHYSICIAN TO THE OHIO PENITENTIARY.

Before beginning my paper proper, I will narrate how the convict is received. His reception is quite informal, painfully so. He is ushered into the large iron-bound cage. More than likely both hands and feet are shackled. A guard searches him. Then he is taken to the prison gallery and photographed. From here he is led to the barber shop and a fellow convict shaves off his beard and clips his hair. Again he visits the photograph gallery. Now he is marched to the bath rooms, where an ablution is forced upon him; in it he loses his identity. Next he goes to the State Shop or clothing department and is supplied with underwear, shoes, and a most befitting suit of clothes. In the order of succession comes the hospital. Here he is interrogated concerning his family medical history. If it is elicited that he is of a

* Read before the Ohio Homœopathic State Society.

family of insane, consumptive, scrofulous, heart-diseased and rheumatic, we conclude that veracity is not one of his habits, that he has likely "done time" before, and is working for sympathy and a soft snap. The physical examination is very thorough. His eyes, lungs, heart, and sexual organs are examined; and his physique commented upon. It is determined whether he is crippled; the tarsal arch is particularly noted. The medical officer on duty sends a certificate to the Warden, based on the examination, suggesting the kind of work the man can not perform. From the hospital the prisoner is led to the Deputy Warden's office, where he is examined according to the Burtillion System of Identification. Finally, he is taken to the Chaplain's office and the amount of his education determined upon, and it is here also learned whether the convict is a disbeliever or a monotheist.

It has been my duty to make a physical examination of the arrivals at the State penitentiary during the last eighteen months. This has given me the opportunity to observe that in stature and body the convict is not up to the average. His conscience is more elastic than his muscle, and his reproductive organs are equally as abnormal as his morals.

In adopting a standard of comparison the condition and not the size of the organ is considered. My observation satisfies me that the voice is a more reliable index to man's sexual development than his physique. The small man with a bass voice has a more complete development than the large man possessing a lighter voice, but Providence makes no discrimination when visiting upon them the surgical diseases peculiar to men.

Early discovering that normal conditions of the sexual apparatus are seldom found among convicts, I was led to investigate, and the result prompts me to present this paper. In preparing these statistics, however, I have classified as diseased conditions only those cases in which the pathological process is pronounced. How the convict's sexuals will compare with those of the man at large, I do not know, but leave it to my seniors to judge.

Of the thousand men examined, 787 were diseased. The following table shows how:

Varicocele (uncomplicated), *L., 192, R., 42, B., 134.....	368
Varicocele, complicated with hypertrophied epididymis, L., 37, R., 19, B., 6.....	62
Varicocele, complicated with hernia	22
Varicocele, complicated with atrophied testicle, L., 9, R., 6.....	15
Varicocele, complicated with hypertrophied testicle, L., 1, R., 1	2
Varicocele accompanying phymosis, L., 4.....	4
Hypertrophied epididymis (uncomplicated) L., 122, R., 26.....	148
Hypertrophied epididymis attended with hernia, L., 1.....	1
Hypertrophied epididymis, complicated with atrophied testi- cle, L., 2, R., 2.....	4
Hypertrophied epididymis complicated with hypertrophied cord, L., 12, R., 7.....	19
Hypertrophied epyididymis, complicated with hæmatocele, L., 3 R., 6	9
Hypertrophied epididymis, complicated with contraction of cord, R., 2.....	2
Phymosis.....	32
Hypertrophy of scrotum.....	28
Monorchides, L., 2, R., 10.....	12
Hydrocele of scrotum.....	20
Hydrocele of cord, R., 4.....	4
Hydrocele of scrotum, complicated with atrophied testicle, R., 2.....	2
Hydrocele of scrotum, complicated with scrotal hernia.....	2
Hypospadias	4
Retained testicle, B.,	3
Eunuch.....	1
Orchitis.....	23
Normal conditions.....	213

Varicocele is represented by 473 men. Nearly every man has a slightly varicosed spermatic vein, but I have estimated only those that are marked. Three hundred and sixty-eight of these were unattended with other disorders. Some few of these varicoceles presented themselves wearing trusses and claimed to be "ruptured bad." One hundred and five varicoceles were complicated with other affections.

Next to varicocele hypertrophy of the epididymis has the largest representation, there being one hundred and eighty-three. Of phymosis there were thirty-six.

What I have classified as hypertrophy of the scrotum is a thickened condition of the bag's most dependent part, and

*L. signifies left side, R. right and B. both sides.

not elongation. This condition I had never heard or read of. There were twenty-eight of these cases.

So far as I can learn the origin is congenital. Though there are no symptoms of pain or inconvenience, on my calling attention to the condition, each man has expressed anxiety to know the tendency, as the hypertrophy is progressive in character. I have never seen this condition manifest in an area to exceed two inches in diameter.

There were twelve cases in which the testicle had descended on but one side, and three cases in which the testicles had not come down on either side.

I found twenty-one of the thousand examined with atrophied testicles. Those of one man twenty-three years of age were almost gone, had wasted to the size of a pea, in fact. This fellow has just been received on a charge of rape. He says he wishes he could have been guilty. The convict is an exceedingly unfortunate individual. One of the monorchides had the mumps, which involved his only capable testicle. It was removed. Four hundred and thirty-three of the number examined had either gonorrhœa or syphilis, one hundred and eleven had had both.

I have noticed that, without exception, the prisoners sentenced on the charge of rape, sodomy or incest have an abnormally small sexual development. Of the thousand men examined, two hundred and thirteen were possessed of reproductive organs of faultless construction.

Of the seven hundred and eighty-seven diseased, six hundred and sixty-four were cases of affection of either the spermatic cord or testicle. Of this six hundred and sixty-four, three hundred and eighty-five, or more than one-half, were affected on the left side, one hundred and thirty-nine on the right, and one hundred and forty on both sides.

Why this discrimination is made against the left side is a question. It is an accepted anatomical fact that the left spermatic cord is longer than the right. Some surgeons ascribe to this the etiology of varicocele, and sometimes to varicocele the cause of atrophied testicle, and so on throughout the category. It occurred to me that the prevailing cut of trousers disposed man to dress on the left side, and that the trousers influenced the length of the cord by pressure. It

also occurred to me that, secondarily, this pressure induced some of the conditions above classified. But, upon consulting works on anatomy written more than fifty years ago, years before the present cut in pantaloons was adopted, I find that even then the left testicle hung lower than the right. One of our eminent surgeons advances the idea that this condition of increased length of the left cord over the right is due to the pressure of the sigmoid flexure. I was satisfied to accept this explanation until it fell to my lot to examine some Indians. These men were ever strangers to tight-fitting trousers, yet I believe they have a right to the claim of a sigmoid flexure. In one-half of them no partiality was shown to either cord. In 25 per cent. the left was the longer, and in the remaining fourth the left cord was shorter than the right.

MEDICAL FORUM.

THE EQUIPMENT OF THE PHYSICIAN.*

BY DR. J. M. LEE, OF ROCHESTER, N. Y.

The theme which invites our attention this afternoon is "The Equipment of the Physician"; and an orderly arrangement of thought suggests three considerations:

I. The equipment which is physical. II. That which is intellectual. III. That which is moral.

I. First, then, what constitutes the physical equipment of the physician? No one will deny that sound health is indispensable to the successful prosecution of the physician's calling, for the following reasons:

First—He is brought in contact with all the contagious diseases to which man is heir, and good health is a powerful prophylactic;

Second—Many demands are made upon his strength; he is broken of his rest at all hours of the night, and is exposed to the severest weather. He has no certain and continuous hours of rest. Few others are subjected to a tithe of the vexation and worry incident to the experience of him who is constantly guarding that which man values most, health and life.

* Address before the Hahnemannian Society of the University.

Third—A heathy body is positively necessary to the full development of one's talents. Man may suffer pain and do physical work, but every one knows that to do mental work well and worthily, requires good health.

Good physical condition is, therefore, a prerequisite to the best use of one's natural gifts, and if we would really elevate the general standard of our profession, this requirement must be guarded as jealously as mental or moral training. The demand is for men more nearly resembling the great Dr. Holyoke, the first president of the Massachusetts Medical Society, who lived at Salem for over a century, seventy-nine years of which were spent in active practice. It is said of him that he rarely lost a day on account of illness, and that there was not a family in his native town which he had not been called, professionally, to visit.

Note the symmetry of form and great vitality of the late Henry Ward Beecher. Had not his splendid physique something to do with his ability to attend to his varied duties as pastor, author, lecturer and editor? These duties were numerous enough for four men less liberally endowed, and yet he attained marked success in them all.

Such men are rare exceptions; perhaps, not more than one in ten thousand could equal them. We cannot expect material like this to work upon, but we must try to secure men and women of strong physique, as well as of sound minds and good morals. In writing upon this point President Elliott, of Harvard, says: "If sound health were one of the requisitions for the enjoyment of scholarships, parents who expect to need aid in educating their boys would have their attention directed in an effective way to the wise regimen of health; while young men who have their own education to get, would see that it was only prudent for them to secure a wholesome diet, plenty of fresh air, and regular exercise. A singular notion prevails, especially in the country, that it is the feeble, sickly children who should be sent to school and college, since they are apparently unfit for hard work. The fact that in the history of literature a few cases can be pointed out in which genius was lodged in a weak or diseased body, is sometimes adduced in support of the strange proposition that physical vigor is not

necessary for professional men. But all experience contradicts these notions. To attain success and length of service in any of the learned professions, a vigorous body is well nigh essential. A busy lawyer, editor, minister, physician or teacher, has need of greater physical endurance than a farmer, trader, manufacturer or mechanic. All professional biography teaches that to win lasting distinction in sedentary, in-door occupations, which tax the brain and the nervous system, extraordinary toughness of body must accompany extraordinary mental powers."

Yes, all this is true, and if any one doubts it, let him scrutinize the senior class of any college in this country. Not one-half, nay, not one-third of the students have vitality sufficient to enable them to engage in active work in any of the learned professions for a sufficient length of time to attain marked success. No doubt many of them have uncommonly bright minds. But their intellectual and moral training will not produce the results that might be attained, were they in possession of vigorous bodies. They cannot accomplish half as much as their competitors, who, though possessed of less brilliant intellects, are yet enabled by virtue of unflinching strength steadily to prosecute their aim in life.

The evil of which we speak, should be promptly remedied by providing better facilities in the colleges for physical culture. A gymnasium ought to be established in every school, from the academy up, and placed under the care of a competent instructor, who is also a cultured physician, and intellectually on a par with the rest of the faculty. Students ought to be compelled to take these healthful exercises, as regularly as they do their lessons in Latin or German. This country needs a great reformer who will revolutionize this branch of culture, as did John Turner in Germany. The normal and probably actual result would be physical constitutions whose possessors would be qualified for the highest intellectual training and professional excellence.

II. Having discussed the matter of physical equipment, we are ready to examine our ideal student with regard to his intellectual equipment. This will be best considered under two main divisions,—native aptitudes and intellectual training. Of these two, the former are by far the more important.

A man may be master of the *theories* of any of the varied professions. He may be a scholar in the highest sense; but if he is unfortunate enough to choose a profession for which nature has not bestowed her especial equipment, he will be unable, successfully, to reduce his theories to practice. He will not rise above mediocrity in his profession, neither can he pose as peer to the man who is by *nature* a physician, but whose mental culture is comparatively meager. I do not undervalue intellectual training. I believe that every man is born with adaptations to one occupation rather than another. It follows, therefore, that the natural bent of every life should be both studied and respected. The fond father cannot scan the *future* of his infant son, therefore, he should not predestine him to medicine, theology, geology or any other 'ology. It should be treated as a criminal offense to put a boy in training for the ministry, when his native qualifications bespeak plainly his aptness merely to till the soil; or, to let loose upon poor, suffering humanity, a man armed with a diploma from some medical college, without the slightest adaptation or love for his profession. It is the failure to recognize these facts, that fills the various professions with men who disgrace them.

Members of the profession, you and I are the ones to determine what class of men and women shall enter our ranks. Let us guard those ranks by taking no students who are not physically, intellectually and morally qualified.

What, then, must the well equipped physician possess by virtue of native endowments?

Decision of character may be mentioned as one of the grand essentials. Through it, the plans of a lifetime are formed and steadily adhered to until executed. As one cannot so much as raise his hand without first willing so to do, thus it is with the accomplishment of any purpose, the will must precede the act. He who has not sufficient decision unwaveringly to pursue a definite line of action, will simply drift through life, the creature of circumstances: as one who came into this world without his consent, expects to pass out in the same inoffensive way, and therefore is unwilling to burden himself with any cares, or responsibilities, that can possibly be shifted to other shoulders.

Second, our student should be a very incarnation of perseverance. This, indeed, is only a word; but it is nevertheless the prime condition of success. The persevering man disowns possibility of failure and persistently pursues his chosen line of research.

Many times this quality acts as an impelling force to the weary physician, as he attempts to rescue a human life from the grasp of some formidable disease. He has put in a day of severe physical and mental toil. His may have been the unpleasant duty of pausing in his busy round to witness the decease of some patient, to whose case he had devoted the most unremitting care and study. But his utmost efforts have been in vain, and all the comfort that remains for him is the knowledge that death did not come as a result of unskillful practice. At night he reaches his office, the victim of physical exhaustion and mental depression. Poor, tired nature actually demands rest. But his work is not finished; there are still other cases in which life hangs by a frail thread. A perusal of this or that work may give some valuable hints. 'Tis then that the perseverance of his nature triumphs over fatigue and depression; and he resolves not to omit any research likely to lead to restoration. He may possibly discover some means to daunt the grim monster, death. With this ray of hope, he repairs to his library and discharges a duty which he owes to his Creator, his brother and himself; for which he will receive the compensation of a clear conscience, even if he is not enabled to select a more effectual plan of treatment. However, it is not at the bedside of the seriously ill, that he who lacks perseverance is most apt to grow careless and slothful, for the demand of both patient and friends stimulates to prompt action. It is in his office, when caring for chronic or obscure cases in which correct and timely diagnosis may enable him to apply appropriate treatment early, and thus save patients premature, if not horrible deaths. Perhaps no other class of cases better illustrates this point, than those which sooner or later come under the care of the surgeon.

It is well known that the success with which malignant growths are removed, depends largely on a prompt recognition of their nature. Often the microscope is the one

decisive test by which the trained eye discovers the true character of the suspicious nodule. But the unskilled or careless observer should not abuse this valuable means of diagnosis by *pretending* to use it. He has about the same conception of its real value and application, as had a professor in one of the colleges, who told his class that it was safer to rely on the clinical history than the microscope for the diagnosis of carcinoma. He cited as proof of his position, the experience of a man who had examined the contents of a swelling, and pronounced it a degenerated cancer. It proved, however, to be nothing more formidable than a carbuncle. Now it is a fact that the diagnosis of a carbuncle is apparent from a clinical history of a very brief period: but he who waits two years for the development of a carcinoma, while he may perhaps make a correct diagnosis, will find that meanwhile he has afforded to his patient ready means of transportation into eternity.

There is no probability that the members of the Hahnemannian Society, graduates of the Homœopathic Department for 1889, will fall into similar errors. This school has always been noted for its thoroughness, but at no time since its establishment have the students received instruction in the art of surgery by more skillful operators, or been taught the science of medicine by more able teachers than at present. No previous class has excelled yours in completeness of equipment or equalled it in numbers. You have spent *three* college years, of *nine months each*, in this school; you have enjoyed the full privileges of these splendidly equipped laboratories, as well as other departments of this great university, and as you pass out from under its fostering care you reflect credit on the institution, your honored teachers, and the profession at large.

Third. The physician's mind should be well balanced. This will prevent the development of that very undesirable trait of character, egotism. The sphere of human knowledge is far too vast for any one mind completely to explore and make its own. Victor Hugo recognized this fact, when he said, he never met any one, however humble, who could not teach him something. But the egotistical man closes all such avenues of learning, because he cannot see beyond him-

self. Crabb says: "The egotistical man makes himself the darling theme of contemplation." When this trait of character develops in the student as he is about to leave college, his condition is truly pitiable.

He imagines that his cranium contains all that is worth knowing in medicine; he wonders why people rave about experience; he cannot see any special value in it; he thinks his preceptor decidedly prosy, to talk about the difficulties of the first year's practice, and pities those men who did not learn more in college. His assurance, contrasted with his exceeding freshness, makes the M. D. after his name more suggestive of Mother's Darling than of Doctor of Medicine. However, egotism is *not* to be understood as a necessary evolution of college life. A man may enter his profession apparently as genuine in personal humility as ever Moses was, but if once it lurk anywhere within, a small amount of success and notoriety may suffice to bring it to the surface, and so develop its powers and activities as to be quite beyond remedial agency. The disease becomes deeper seated with age.

Fourth. Good judgment is a gift not to be despised or disregarded by the student of medicine. It must be so trained as to become of value in his especial line of research. Dryden very aptly says: "A man who is no judge of law may be a good judge of poetry, eloquence, or the merits of painting." Good judgment enables the physician to estimate at their true value current theories of medicine and the allied sciences, and thus provides with an effectual safeguard against fanaticism. It gives him, by virtue of his ability to judge of symptoms, power to prognose more accurately.

Last, but not least, our student must have a good memory, well trained. This, with a working library, places him in communication with the best talent in our profession. The man who reads and can remember what he reads, holds many consultations with eminent men,—consultations of which patients and friends are in entire ignorance. If he has an acquaintance with modern languages, as he should have, he will be able to profit by the foreign journals, and instantly to avail himself of the knowledge and experience of the leading lights of Europe, without waiting for translations. "Truly, memory plucketh many flowers."

Taking it for granted that our student is endowed with a proper quantity and quality of "Mother Wit," let us next endeavor to determine the best plan of intellectual training for him. We live in an advanced age; the culture which fitted men for the various professions one hundred or even fifteen years ago, is found to be inadequate for present needs. Notwithstanding the colleges have been continually raising their standards of requirement, especially during the last decade, yet they are in general still too low, and the supply of professional men is greater than the demand. This is notably true in medicine, and a remedy ought to be provided which will check the production, and at the same time improve the quality. Perhaps attention to the latter would secure the former object also. What we need is fewer colleges, more liberally endowed. These institutions multiply too rapidly. It is a greivous wrong that every half dozen men anxious to have the title of "Prof." prefixed to their names should be allowed to start new medical schools, simply to gratify their desire for notoriety. Neither ought a few teachers, deprived of their places for incompetence, and jealous because Professors Smith, Brown and others have been appointed in their room, be permitted to establish rival schools. There is nothing at present to prevent their doing so. The legislatures grant charters to everybody asking them; even the "Buchanan College" was duly incorporated by the legislature of Pennsylvania, and not one in twenty of the two thousand so-called graduates ever saw its president and secretary, who constituted the entire faculty.

Would it not be well for our law-makers, before granting more charters, to ascertain whether or not new colleges are really needed; or, at least, whether the bodies asking them have the elements requisite for first-class medical schools? If these questions can not be answered satisfactorily, should not the charters be denied? Could this be done, existing schools would rapidly improve, and the public would be delivered from new and needless inflictions.

We would not create the impression that but little progress has been made in the intellectual training of the physician. It was not until 1831 that superstition gave way, and dissection of the human body was legalized by many of the States.

Up to this time, obstacles in the way of the successful study of practical anatomy, were all but insurmountable. Call to mind the scenes of a Boston hospital in 1780. In a secluded room of that ancient building, which stood near the present site of the Massachusetts General Hospital, Dr. John Warren used to, in the dead of the night, secretly call his students around the dissecting table, upon which lay the unclaimed body of some valiant soldier of the Revolution.

In 1876, the Medical Schools of this University, and Harvard, were the only colleges in this country requiring matriculation-examinations of candidates for the study of medicine; now, there is not a college in America, so far as I know, which does not require either the diploma of a literary institution or a preliminary examination. Though such examination is not always what it should be, it has at least a nominal existence, and we hope that it may soon become a real and searching test of actual attainments. For, if destitute of a proper preliminary education, the physician must do one of two things: plod along in literary ignorance, or burn the midnight oil after entering his profession, to supplement early deficiencies. The fact is, few men have sufficient perseverance faithfully to prosecute the latter plan.

Another sign of advancement is, that some of our schools have lengthened their terms of study, by making the three years' course obligatory. Others have changed courses from six to nine months, strongly recommending three such courses. The American Institute of Homœopathy and the American Medical Association have passed resolutions that they will not recognize the diplomas of any college whose curriculum does not extend over three terms of at least six months each. This is fair progress for the very brief period of twelve years. But until we have more endowed colleges, such thoroughness can not be universally enforced. For those schools which have no financial basis, other than students' fees, are not going to commit suicide by lengthening their courses and driving away their students, even if they are not recognized by the national organizations. One of the old and influential schools of New York City tried to inaugurate a reform in this direction; but finding financial ruin to be the certain outcome, returned to the short courses.

Endowed colleges alone place teachers beyond pecuniary considerations; they, therefore, are the only ones which are safe in raising the standards, and lengthening the terms.

As long as the present state of affairs exists, we will be in danger of eliciting expert medical testimony similar to the following, which was related by the late Judge Chumasero, of Rochester, as occurring in his own experience. The case was one in which it became necessary to determine the exact cause of death. The judge asked the witness (a physician, so-called) to state concisely what in his opinion brought about the fatal issue. The witness replied in the most impressive tones: "Will you believe me, sir, she has been suffering the bigamies of death for the last three mortal weeks. First, she was seized with a bleeding phrenology in the left hammer spear of the brain, which was exceeded by a stoppage of the left ventilator of the heart; this produced an inflammation of the borax, and resulted in tumefaction dissolution." After this display of learning, the witness sat down with a satisfied air which plainly said: "Such testimony must demand expert prices."

III. We must now pass to consider the moral equipment of our student, and I pause for words adequate. To write of the physical equipment, one needs but to know the demands upon the physical nature. Books innumerable have been written, systems matured and handed down from generation to generation, each one being an advance upon the other. The same may be said of the second division of our subject. Countless multitudes have devoted all the energies and years of life to the cultivation of their intellects; seeking for the most effectual ways of gaining knowledge in given directions. Other multitudes have given large fortunes to the same end, knowing that where nature has bestowed certain gifts, it needs but the intellectual and moral training to perfect the man.

The moral equipment is the supreme requisite for the physician. Without it, all else is sought and gained in vain. A man may be admired for his fine physique; he may be respected for his talents; he may be sought and flattered for his money—but he is trusted for his moral worth only. People will not knowingly trust an immoral man with their

money, much less with their health. The relations of patient and physician are such, that he whose moral sense is blunted, is no better fitted for medicine, than for the ministry. No, the physician who would enjoy the confidence of a community, must prove that he is worthy of such trust, by showing himself to be candid in judgment, truthful in statement and honest in effort. If such be his character and conduct, he must inspire confidence, and the "reins of authority" will lie loose in his hands, when he has succeeded in impressing upon his patients that he deserves to be trusted and obeyed. It is only by virtue of a complete and thorough moral equipment that a man can hold in check the baser elements of his nature: and who requires such safeguards more than the physician? Who is subjected to temptations stronger and more varied? Who has greater need of firm adherence to principle? No one in his sober senses can deny that the physician's *first* and *foremost* need is the full panoply of moral integrity, essential alike in palace and in hovel. The rich will bribe to illegal practice; while the poor will work upon his sympathy. No one learns how to place friendship at its par value more perfectly than does the physician. His entire life is "made up" of blessings and curses. He who is his warmest friend to-day, may, through some adverse circumstances over which the physician has no control, to-morrow become his bitterest foe. Neither is gratitude measured to him in proportion to care and skill expended; for the most skillful practice is often criticised, while the grave covers the mistakes of the careless or ignorant. The physician therefore stands on his honor alone. He takes for his motto, "Justice to all, rich or poor, learned or ignorant, grateful or ungrateful." His remuneration is not alone money, approval or gratitude. He can be perfectly content only when he can honestly say with Shakespeare: "I feel within me a peace above all earthly dignities, a still and quiet conscience."

The oldest of the universities, says *Harper's Weekly*, has made one of the newest of the new departures, for at the University of Bologna there has arisen a young lady, Dr. Giuseppina Cattani, lecturer on pathology, who has made a decided sensation as being both beautiful and profound.

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EDITORIALS.

PRESIDENT SAWYER.

There are few men in the homœopathic ranks of Michigan who will not rejoice over the election of Dr. A. I. Sawyer to the presidency of the American Institute of Homœopathy. The promotion was a well deserved compliment to a man who has done much for Homœopathy in the State. As is well known, Michigan has for years been the battle ground of the school, and volumes could be written containing the history of the fight which finally placed Homœopathy upon the Campus of Michigan University, there to remain forever. Ever since Dr. Sawyer came into the State he has helped to bear the brunt of the warfare, and has never once wavered in his devotion to the cause. It would be interesting to review that fight which began nearly fifty years ago, but space forbids. Suffice it to say that in 1847 a bill was introduced into the Michigan Legislature making it a State's prison offense to prescribe medicine in accordance with the principle *Similia*, and this bill actually passed one of the Houses but was fortunately killed in the other.

The first efforts to secure recognition of Homœopathy in

the University were begun in 1853, but without success. In 1855 there was enacted a law compelling the Board of Regents to "always maintain at least one chair of Homœopathy in the Medical Department of the University of Michigan." The Regents failed to comply with the requirements of this law, and the Supreme Court, negatively, at least, upheld the Board, so that the law was practically a dead letter. After this defeat the friends of Homœopathy again went before the Legislature in 1867, and attacked the very fountain-head of the University by amending the law which gives to it one-twentieth of a mill on the dollar of all taxable property of the State, so that it read: "provided the Board of Regents would comply with the law of 1855, and appoint at least one Professor of Homœopathy in the Medical Department of the University," thus locking up a goodly portion of the income of the University. In 1869 the Regents agreed to comply with the law of 1855, *providing*, the friends of Homœopathy would secure a repeal of the obnoxious law of 1867. Although this was done, the Regents acted in bad faith and undertook to both comply with and evade the law by appointing that grand old pioneer, Dr. Chas. J. Hempel, Professor of Theory and Practice of Medicine, and proposed to locate him in Detroit instead of in Ann Arbor. The duplicity of the Board was rewarded by the Auditor General of the State refusing to honor the warrants of the University, because the law of 1855 had not been complied with, the Supreme Court declining to take action in the matter. The University was, therefore, deprived of this source of revenue.

These various attempts to place a homœopathic department upon the Campus of the University were enough to discourage the most ardent friends of Homœopathy, and there are many physicians yet living who then honestly and conscientiously believed that the interests of Homœopathy would be best subserved by locating the college at some remote point from Ann Arbor. Of those who unswervingly adhered to the original idea of locating it on the Campus, but few are left, and prominent among them are Drs. Sawyer and Eldridge. Both used every effort to secure the passage of the bill in 1871, which required the Regents to appoint at least

two professors of our school, but which, owing to a technicality, the Board again refused to comply with. A Supreme Court, two of whose Judges were members of the University Senate, upheld the Regents in their unjust ruling.

In 1875 the fight was again opened by the profession in the State asking the Legislature to establish a Homœopathic College, "to be located in such a place as would furnish the greatest inducements, by way of funds, grounds, etc., to be under the supervision of the Board of Regents." Mainly through the instrumentality of Dr. Sawyer this bill was so amended that all after the enacting clause was cut off, and the bill which had been introduced into the Legislature during its previous session, appropriating \$6,000 for such a purpose, was substituted. Thus amended, and with the aid of the authors of the original bill, it passed both houses. The Regents agreed to comply with this law, and in 1875 the Homœopathic Department of Michigan University existed in fact as well as in name, and two professors were appointed.

In every subsequent move before the Legislature in behalf of homœopathy, Dr. Sawyer has been first and foremost. The nucleus of the College which he was so instrumental in founding has already secured an everlasting foothold, and will ever live as a monument to him and to those who so gallantly stood by his side. The action of the Institute is a well-deserved compliment to a man who has for years unselfishly fought for a cause so dear to all of us.

CORRESPONDENCE.

DEAR COUNSELOR.—"Promises are easily made, and as easily broken" is an old saying, which I have come to realize most fully. It is so easy to *not* write, and I have so little disposition to do anything of the sort, that had not a life of ceaseless activity and hard work taught me to be very observant of duty and made me also withal very conscientious, I certainly would not attempt to meet the rash promise, made ere I left home, that I would pen something occasionally for the journal. So notwithstanding the probability that

many will wish that I were not so conscientious, "here goes," as Young America would say.

Leaving home on Monday, May 13th, I made several stops before reaching Boston, among the most pleasant of which was a day spent with my old friend and classmate, Dr. J. M. Lee, of Rochester, N. Y. He and his estimable wife, who is also a graduate of the U. of M., did everything to make my visit enjoyable, and it was a very great gratification to me to observe what I had frequently before been told, that the Doctor has rapidly surged ahead in his profession, until to-day he enjoys a lucrative practice, and may fairly be said to be *the* surgeon of Western New York. Mrs. Lee also has an extensive practice among her own sex in that part of the State. I had the pleasure of the Doctor's company as far as Albany, on his way to New York City, where he went for a few months' special study in the post-graduate schools. At their house, in the evening, I met a number of Rochester Homœopaths, all of whom were very genial and intelligent gentlemen, and very pleasant to know.

My two days' stay in Boston was rendered all too brief by the kindly entertainment and attention of my friends Profs. J. Heber Smith, J. P. Sutherland, and others. I am convinced that in "the Hub" homœopathy has quite as earnest, though less demonstrative, a band of workers as can be found in America. Loud shouting does not always indicate effectual thrusts, and a great deal of quiet but telling work is being done by our Boston friends.

We found the good ship *Cephalonia*, of the Cunard Line, waiting at the dock, on Saturday, May 18th, and without mishap, under a beautiful sky, she steamed out of the harbor and on to the broad Atlantic. And now came those moments of anxiety that come to all inexperienced sailors, when it is expected that the ocean will exact its usual tribute. So real was this apprehension upon the part of many, that, though the slight motion of the ship due to the machinery afforded not the slightest occasion for it, some persons seemed bent upon paying the usual fee whether it was demanded or not. The indulgence at table before going on board, together with the gratuitous advice on the part of friends as to how to avoid payment, and the constant reminder that old Neptune

never failed to show his power before many days, was sufficient to account for this desire in most cases. Not the least suggestive and aggravating of all, however, at such a time, is the appearance of sundry and mysterious placards on the walls of one's stateroom, like the following: "No vomiting allowed above a whisper." If these fail to produce the desired effect, one's waggish friends are *disgusted* as well as disappointed, and occasionally the tables are turned and the mind-emetic giver in grim silence performs the act himself. Our ten days' voyage proved comparatively uneventful, in this direction, only one storm arising to vary the monotony, and that in the last days when everyone had his sea-legs on, and was prepared to enjoy rather than fear it.

Death was on our track, however, and about the seventh day out, claimed a little child as its victim. The following day witnessed the usual burial, which to dwellers upon the land has in it so much of terror—the ship's engines were stopped, a short burial-service was read, and the little box containing the body was launched overboard into the trackless water. For a few moments it floated, a beautiful bouquet of flowers with which some sympathetic hand had decked it remaining in full view, and then disappeared from sight forever.

One thing impressed me at the time as being somewhat unusual, viz., the ship's surgeon being obliged to officiate at the funeral. On land, after the doctor has done his best, or worst as may be, he is generally allowed to go his way, leaving the disposal of the remains to other hands; "those who go down to the sea in ships," however, seem to regard it as no more than fair that he should be allowed to complete his work, and have relegated to him the duty of reading and conducting the burial-service, in case of death at sea.

On the 24th, a baby was born in the steerage, and as it was the Queen's birthday and the vessel an English one, and, moreover, the little one of the proper sex, it was agreed by the passengers that it should be christened Victoria Cephalonia, which was accordingly done, and a handsome purse was made up by the saloon passengers and presented to the happy mother.

Though the voyage was so pleasant and interspersed with

the usual agreeable pastimes, a period of ten days at sea is disposed to make everyone hail the sight of land with pleasure, and this was certainly true with us. To our eyes as we passed out of Liverpool into the open country, England presented a scene of beauty such as we had never imagined to exist anywhere. The landscape of green fields, hedges, and trees, broken only by occasional farm-houses and villages, was a most striking and delightful contrast to the dull and boundless blue upon which we had looked for so many days, and even to the dry and less green soil of our own country through which we had before passed.

To the visitor, for the first time, it seems inexplicable how so vast a population can exist in a territory so small as England, and so few country houses appear as he passes along. Farm-houses are not nearly as plenty as in Michigan, or in other of the States, but his surprise vanishes when he has visited some of the cities. He is charmed with the quaint and historical features of the towns and villages, not to mention the ruins of old feudal castles, churches, etc., which dot the country over, but when the cities are explored, the overcrowding which he has anticipated seeing everywhere, becomes painfully apparent. If England had not reached such a high state of civilization, so that sanitary measures are very rigidly enforced, it is easy to see that disease would be rife in all the large centres of population. Even as it is, squalor, filth, and resulting disorders are very apparent in the poor quarters of cities smaller than London. Birmingham, the metropolis of the "Black Country" and the home of Lawson Tait, has only 400,000 people; yet it, with many still smaller places, shows plenty of poverty and overcrowding. Liverpool and the sea-port cities are even worse. The Black Country, which George Eliot has said "looks as though the devil had passed over it dragging a big rake," gets its name from the great number of coal and iron mines, as well as the numerous iron manufacturing towns. It presents a widely different appearance however, from a mining section in our country—Pennsylvania, for instance. Here the houses are substantial and well arranged, the streets paved, and every effort is apparently made by the authorities to keep things neat and in a good sanitary condition.

Even in this great metropolis of the world, it is well nigh inconceivable how such *comparatively* perfect sanitation is maintained. Among certain classes, nevertheless, cleanliness is out of the question, because the authorities can hardly go so far as to see to individual house-keeping. People of this class are personally filthy, and will always be so if left to themselves. It is from this improvident, intemperate, uncleanly, and often immoral class that the clinics of the many and great hospitals are procured. The London Ophthalmic Hospital, "Moorefield's" as it is called here, has probably the largest attendance (300-600 daily) of its class, but others are not far behind. The ear, nose and throat hospitals are usually combined here, and like the eye clinics are crowded daily.

The great general and special hospitals are almost innumerable, and yet each is appealing to the public or the authorities for aid wherewith to increase their buildings and facilities. From the study and observation I have been able to make thus far, the various diatheses, gouty, scrofulous, and tubercular, are at the bottom of many, very many, of the disorders for which relief is sought at the clinics. Specific causes of course play their part in their production also, but the average Englishman is proverbially fond of good living, and this through many generations, combined with other vitiating influences, has had its effect, so that in almost every face one sees traces of constitutional disease.

Of the "blawsted London weather" about which we are accustomed to joke so much, at home, we have had no reason to complain, so far. Indeed, it has been superior to that of the Wolverine State, at this season, and I doubt if very many of our States can outdo it for equability.

Our professional brethren appear very far from being dormant here, though as yet I have not found time to visit many of their homes. I had the pleasure, a few evenings since, of attending the meeting of the British Homœopathic Society, and of meeting most of the prominent and active members of our School here. Dr. Knox Shaw read a very interesting paper on "Phlyctenular Conjunctivitis" before the Society, after which almost all present joined heartily and intelligently in the discussion of it. In this they appear

to be particularly courteous to each other, and while they differ as widely in opinions upon therapeutics, etc., as we do in America, nothing was indulged in that could possibly interfere with harmony and perfect good feeling. In this they set us an example that we would do well to follow. But I shall have more to say of professional matters in my next, and I have already spun this out to an unpardonable length, I fear. It is a very great matter of regret to me, and one that I cannot yet rid myself of, that I must be absent from the various society meetings in our own country. I trust that they may be pleasant and profitable beyond all the past.

D. A. McLACHLAN.

83 Montague Place, W. C., London, Eng.

REPORTS OF SOCIETIES.

AMERICAN INSTITUTE OF HOMŒOPATHY.

The 41st Annual Session of the American Institute of Homœopathy began its first work Monday evening, June 24th, at the Hotel Lafayette, Minnetonka Beach, Minn.

At 8 o'clock, President Selden H. Tolcott, of Middleton, N. Y. called the meeting to order and invited Rev. Dr. Heath, of St. Paul, to ask the divine blessing.

Dr. J. E. Sawyer, of St. Paul, on behalf of the Minnesota State Institute of Homœopathy, extended to the Institute a cordial welcome. This was responded to by the Vice-President, Dr. T. G. Kinne, of Paterson, N. J.

Then came President Tolcott's address, which was an eloquent effort. He noted the progress of Homœopathy within the last year. There have been no radical changes, but a gradual, slow moving approach toward the truth. The picket lines have been advanced and the noise of bigoted oppression has been dying away.

He objects to State examining boards made up of so-called "regulars." Each school should have its own board. Legislative committees should be appointed to see that the State governments give equality to each school.

The president urged the encouragement of specialties and the development of the *materia medica*. He urged harmony of action and a faith in the ultimate triumph of Homœopathy. It is the duty of every Homœopathist to help create a public sentiment in favor of the school by setting forth its true principles. The would-be critics of Homœopathy should be compelled to know something of their subject before criticising. Nothing should be condemned until fairly tried, and nothing criticised until thoroughly under-

stood. If those who criticise now would first study the law of similars, converts to the school would be as sands upon the sea-shore.

"It is the minority, with Excelsior upon its banners, that scales the mountain tops," he cried. "It is the same minority that eventually leads the majority to the truth."

Dr. Tolcott's address was heartily applauded. A vote of thanks was given the president and his address referred to a committee.

Dr. E. M. Kellogg, of New York, the treasurer, submitted a report, leaving, after the disbursement of \$3,624.83, a balance on hand of \$670.46. The report was referred to an auditing committee.

The report of the necrologist showed that 14 members of the institute have died during the year.

TUESDAY.—The W. C. T. U. had presented a memorial asking the Institute to go on record against the use of alcohol as a medicine, "from the whisky-soaked compounds called 'bitters,' and 'tonics' down to the milk punch and cordials."

The Institute refused to do this, although as a school of medicine the Homœopathists had always stood in opposition to the common and indiscriminate use of alcoholic liquors. "We have opposed all preparations known as 'bitters' and 'tonics' in which alcohol is the chief ingredient, and we have denounced the whisky cure for consumption or any other ailment, except possibly 'snake bite.' While we have fully recognized the evils and the influences leading to them, we are unable to assent to the teachings indicated in your letter, 'That an element that is universally acknowledged to be the deadly enemy of a healthy human organism cannot be the friend of a diseased one.' Our studies and accumulated experiences have shown us a great number of agents that are inimical to the human organism, in health, and yet very useful and oftentimes necessary to that organism in disease. We recognize the difference between poisonous or pathogenic doses and those of the same drug that may prove curative. As to the pharmaceutic and medicinal uses of alcohol, we are persuaded that, in some cases, there are no proper substitutes for it. We oppose alcoholic liquors as a beverage, and cheerfully second the worthy efforts of your organization for the extinction of the American saloon."

Several addresses of the Bureaus of Institute were read and ordered printed. Among them were: One from the committee on Organization of Provers' Clubs, by Dr. C. Wesselhøft, of Boston; one by Dr. F. W. Boyer, of the Bureau of Psychological Medicine; one from Dr. J. P. Drake, on the Cyclopædia of Drug Pathogenesis, and one from the committee on the Results of Critical Examination of Tinctures from American Pharmacies, by Dr. E. M. Howard. The last paper was of great importance. Dr. Howard said that owing to the heavy duties imposed on imported tinctures, there was a temptation to manufacture a cheaper form of fluid extract and pass them off as the genuine article. The large quanti-

ties in which some pharmacies purchased material has led to the suspicion that this cheap class of goods was being made. He had several samples from several prominent pharmacies, and, by a careful analysis and the best expert testimony to be had in the country, had found that to some extent the tinctures were not made from the best material. There was to some extent a cheap article on the market.

There were many applicants for membership, and among others, the following Michigan people were admitted on recommendation of the Board of Censors:

Dr. Virginia F. Smith, Detroit; Dr. N. B. Sherman, Cooper; Dr. Emma C. Geisse, Detroit; Dr. D. M. Nottingham, Lansing.

At the section of Psychological Medicine there was a lively discussion on questions of mental philosophy. It was developed that although united in medicine there are several schools of moral philosophy among the Homœopaths. The papers on the subject of the will development were on "Prenatal Influences," by Dr. J. D. Buck, of Cincinnati; "Climatic Influences," by Dr. Helen M. Bingham, of Denver; "Drug Action on the Will," by Dr. E. O. Kinne, of Syracuse; "The Emotions as Affecting the Will," by Dr. Sophia Penfield, of Danbury, Conn.; "Mental Training for the Young as Affecting the Will," by Dr. Julia H. Smith, of Chicago.

The section of Ophthalmology and Otology held an interesting session at which papers were read by F. P. Lewis, M. D., of Buffalo; Dr. J. H. Buffum, of Chicago; Dr. J. A. Campbell, St. Louis; Dr. A. B. Norton, New York; "A Problem in Muscular Insufficiencies," by Dr. Harold Wilson, Detroit; Dr. Chas. Deady, New York; Dr. Sayer Harbrouck, Providence; Dr. J. M. Schley, New York; Dr. F. F. Cassidy, Kansas City, Mo.; Dr. H. H. Crippen, San Diego.

WEDNESDAY—The committee on Medical Legislation reported. Dr. I. T. Talbot regarded the diploma as the proper credentials, rather than a license. He presented a set of resolutions, as did Drs. H. M. Paine, of Albany, and A. S. Couch, of New York. Dr. Paine said that to thwart the gigantic Allopathic monopoly, the most energetic and persistent opposition of Homœopathy is needed.

As it was so late in the day, the general discussion of the two sets of resolutions was made the special order for 10:30 o'clock, Thursday.

A committee was appointed to confer with the Life Insurance Companies and if possible secure representation on their examination boards.

Communications were read from Dr. Bojanus, of Moscow, Russia, and Dr. Terry, late of Cuba, who related the difficulties encountered by physicians who go to that Island to practice.

The committee on International Pharmacopœia reported, and it was voted to put the work in the hands of some publishing house for publication.

The reports from Chairmen of the Bureaus occupied some time. The papers were of exceptional interest. Dr. S. B. Parsons, of St. Louis, read the report from the Bureau of Surgery, devoting most of his time to brain treatment. In no department has greater progress been made. The Doctor took the ground that in the near future the advancement would be such that the brain will be operated on as the abdomen is now.

Dr. Sheldon Leavitt, of Chicago, for the Bureau of Obstetrics, held that the death rate from obstetrical operations was notably less among the Homœopathists than with physicians of the old school though there was still room for improvement. He urged a deeper study and more careful experimentation in this branch of the professional work.

The section of Pædology was unusually interesting. Dr. L. C. Grosvenor, of Chicago, the Chairman, gave a valuable talk on "How to Dress our Babies." He brought along some samples of baby clothes, the "Gertrude" pattern, which he named for his little daughter, for whom they first were made. Dr. Grosvenor claimed for the style of dress he had that it saved much trouble for the mother and was best adapted to the baby's needs. He said the bandage was useless, and worse, it destroyed the elasticity of the baby's stomach. He continued: "But, say the old ladies, 'we must put on a bandage or the baby will be ruptured, or big-bellied and all out of shape.' Nonsense. Nature does not do her work in such a careless way. There is no more need of bandaging a baby than there is of bandaging a colt."

Other papers on the subject of Pædology were by Dr. R. N. Tooker, of Chicago; Dr. S. Lilienthal, of San Francisco; Dr. Clarence Bartlett, of Philadelphia; Dr. M. W. Van Denburg, of Ft. Edward, N. Y.; Dr. H. M. Hobart, Chicago, and Dr. M. Deschere, of New York. Dr. Van Denburg advocated plenty of out-door air as a preventive of nervous complications in teething.

Dr. S. B. Parsons, of St. Louis, presided over the Section in Surgery, and papers were presented by Dr. J. K. Warner on "Cerebral Localization;" by Dr. W. T. Helmuth, of Worcester, Mass., on "Abscess of the Brain;" by Dr. C. M. Thomas, of Philadelphia, on "Tumors of the Brain;" by Dr. S. B. Parsons on "Tumors of the Dura Mater;" by Dr. N. Schneider, of Cleveland, on "Gunshot Wounds of the Brain;" by Dr. T. T. Talbot, of Boston, on "Peripheral Signs, Indicative of Cerebral Tumor;" by Dr. C. E. Wolton, of Hamilton, O., on "Compound Fractures of the Skull, and their Treatment;" by Dr. H. L. Obetz, of Detroit, on "Depressed Fracture of the Skull," and by Dr. Geo. A. Hall, of Chicago, "Under what Circumstances should the Skull be Trephined in Brain Lesions?"

In the Section of Obstetrics, Dr. Sheldon Leavitt, of Chicago, presided. The special subject was "Puerperal Complications."

Papers were presented by Dr. Geo. B. Peck, of Providence; Dr. V. D. Pardee, of South Norwalk, Conn.; by Dr. J. B. G. Custis, of Washington; by Dr. J. Nicholas Southwick, of Boston; by Dr. W. C. Dake, of Nashville; by Dr. L. L. Danforth, of New York; by E. H. Wolcott, of Rochester, N. Y., and by Dr. C. G. Higbee, of St. Paul.

THURSDAY—The event of the day was the election of officers. The nominees for President were Dr. A. J. Sawyer, of Michigan, and Dr. G. A. Hall, of Chicago. Dr. Hall withdrew his name and seconded the nomination of Dr. Sawyer, who was elected by the vote of the Secretary.

Dr. C. S. Higbee, of St. Paul, was elected Vice-President.

For the other officers the old board was re-elected. They are Dr. E. M. Kellogg, of New York, Treasurer; Dr. Pemberton Dudley, of Philadelphia, General Secretary; Dr. T. M. Strong, of Ward's Island, N. Y., Provisional Secretary.

The Board of Censors chosen were Dr. R. B. Rush, Salem, O., Chairman; Dr. T. F. Smith, New York; Dr. C. D. Kenyon, Rock Island; Dr. W. H. Dickinson, Des Moines; Dr. Nellie J. Chapman, Pittsburgh; Dr. A. C. Cowperthwaite, Iowa City.

Dr. Henry M. Paine, Albany, was appointed Necrologist.

Waukesha, Wis., was appointed as place of next meeting.

The President appointed the Chairmen of the various sections as follows: Dr. E. D. Kinne, Syracuse, *Materia Medica*; Dr. J. W. Dowling, New York, *Clinical Medicine and Special Therapeutics*; Dr. T. G. Comstock, *Obstetrics*; Dr. T. Y. Kinne, *Sanitary Science*; Dr. S. P. Hedger, Chicago, *Urethritis and Cystitis*; Dr. C. Bartlett, Philadelphia, *Preventive Medicine and Pædology*; Dr. C. M. Thomas, Philadelphia, *Surgery*; Dr. J. T. O'Connor, New York, *Anatomy, Physiology and Pathology*; Dr. A. P. Williams, New York, *Psychological Medicine*; Dr. J. A. Campbell, St. Louis, *Ophthalmology, Otolaryngology and Laryngology*; Dr. T. F. Smith, New York, *Organization, Registration and Statistics*.

The two reports of the Committee of Legislation were considered and a substitute adopted. The resolution read as follows:

The American Institute of Homœopathy declares itself opposed to restrictive legislation which tends to curtail civil rights, encroach upon personal liberty and check the progress of medical science.

WHEREAS, The American Medical Association, through the different State Medical Societies, is endeavoring to procure State Boards of Medical Examiners, with or without Homœopathic minority representation; and

WHEREAS, Such action, if carried to completion, will inure to the disadvantage, if not to the destruction of our School, as a distinct organization, and act as a direct hindrance to medical progress; therefore,

Resolved, That the Committee on Legislation of this Institute be

instructed to correspond and co-operate with the Legislative Committees of the several State Homœopathic Societies, in the procurement of separate State Boards of Medical Examiners throughout the United States, where such boards are to be established, and, where it is impossible to secure such separate boards, to insist upon equal representation upon single boards.

Resolved, That the Committee on Medical Legislation be authorized, if necessary, to expend \$100 in carrying out the foregoing instructions.

Dr. J. W. Dowling, of the Bureau of Sanitary Science, opened his report by the statement that if the proper hygienic rules were followed by the human race for the next half-century, a large proportion of the doctors would starve. His paper was a plea for more careful observation for the rules of health. As the usual means of preserving and regaining health, many diseases which are commonly attributed to mental-strain, malaria, or sewer gas, are the natural and inevitable result of excesses. A large class of diseases can be traced directly to the use of alcohol. The food comes next. Meat eating by persons of sedentary habits is often the cause of mental disease.

Dr. W. T. Helmuth, of New York; Dr. A. R. Wright, of Buffalo; Dr. J. H. McClelland, of Pittsburgh, were elected delegates to the International Congress at Paris.

THE BANQUET—At nine o'clock, Thursday evening, the delegates and friends sat down to beautifully decorated tables and partook of a substantial feast. The Rev. Dr. Tuttle, of Minneapolis, said grace. A banquet-song, composed by Dr. T. P. Wilson, of Detroit, was sung by a quartette. President Tolcott introduced Dr. J. W. Dowling, the toastmaster of the evening.

The toasts were responded to as follows: "The Twin Cities, Our Hosts, St. Paul and Minnesota," responded to by Gen. Bishop, for St. Paul, and by W. M. Bushnell, for Minnesota. "Education in the West," by Hon. W. H. Eustin. "Our Medical Journals and Literature," by Sol. Smith Russell. "The American Institute of Homœopathy," by Selden H. Tolcott. "Our Western Members," by Dr. R. Ludlam, of Chicago. "Our Eastern Members," by Dr. F. Y. Kinne, of New Jersey. "Our Southern Members," by Dr. J. P. Dake, of Nashville. "Our Senior Members," by Dr. D. S. Smith of Chicago. "The Ladies," by Dr. F. E. Doughty, of New York.

About one hundred and fifty couples indulged in the mazy dance till a late hour.

FRIDAY—The Bureau of Sanitary Science listened to several papers of interest. One by Dr. E. H. Beebe, of Sidney, O., on "The Secret of Health." He memorized his own paper in these words: "Don't worry, be cheerful, don't over-eat, don't starve, don't hurry, don't despair, get plenty of sleep, avoid excitement, spend less nervous energy than you create every day." Dr. F. Y. Kinne, of

New Jersey, read a paper on "Clothing in Relation to Health." Woolen should be worn in summer as well as winter, he said.

Thus closed an interesting and very valuable meeting of the American Institute. The membership has increased to 1,065. All in all, this was one of the most enthusiastic meetings in the history of Homœopathy.

MEMORANDA.

The nine directors of the Homœopathic Hospital at St. Paul will, hereafter, be ladies.

Pasteur has been created a Baron, with the order of the Iron Crown, by the Emperor of Austria, for distinguished services.

The Homœopathic Hospital of St. Paul is now prepared to give a course of training to men and women who desire to become professional nurses.

The Massachusetts State Board of Health, by direction of the Legislature, is inquiring into the character of the ice that is being gathered for domestic uses by dealers in that article.

The Homœopathic Department of the University granted the degree of M. D. to twenty-one persons, of whom six were ladies. There were representatives in the class from Delaware to Oregon.

The grand jury in New York has found indictments for violation of the sanitary law against Doctors Irwin, Ferguson, and Hance, the physicians who performed the autopsy on the body of Washington Irving Bishop, the mind-reader.

The newly elected officers of the Wisconsin Homœopathic Medical Society are: President, C. H. Hall, Madison; Vice-Presidents, A. G. Leland, Whitewater, and Joseph Lewis, Milwaukee; Recording Secretary, F. D. Brooks; Corresponding Secretary, C. L. Crandall, Burlington; Treasurer, Dr. E. W. Beebe, Milwaukee. Next meeting will be held in Milwaukee.

The Hahnemannian Society of the Homœopathic College, University of Michigan, at its commencement exercises, June 26th, was greeted with a good-sized and appreciative audience. Dr. J. M. Lee, of Rochester, N. Y., delivered the address, which was an instructive, valuable, and scholarly effort. Prof. J. C. Wood then followed with the president's address to the class, after which he conferred the degree of the Society upon twelve graduates.

The twenty-third annual meeting of the State Homœopathic Medical Society of Maine was held in Augusta, June 4th. There was a discussion in relation to the new insane hospital to be erected at Bangor, and an attempt will be made to have it placed under homœopathic physicians.

The officers elected were: President, Dr. J. W. Whidden, of Portland; Secretaries, Drs. J. C. Garnett and F. A. Gushee; Treasurer, Dr. Will S. Thompson, of Hollowell.

The Legislature, whose long session has just closed, dealt very generously with the University, and especially with the homœopathic department. Pretty much everything asked for by the University was granted, with the exception of the gymnasium appropriation. Fifty thousand dollars for hospital purposes is included in the sum total, this amount being appropriated upon the contingency that the city of Ann Arbor should add twenty-five thousand to it. The friends of the College will be glad to learn that the latter sum is already secured, thus guaranteeing the University a magnificent and commodious hospital. The old buildings are entirely inadequate for the increasing demand made upon them, the clinics having grown rapidly from year to year. This will forever settle the question of the removal of the clinic to some other city; the Regents and the Legislature, after mature and careful investigation, being convinced that the clinical resources of Ann Arbor are entirely adequate, and that it would be unwise to permit the selfish schemes of one or two men to disintegrate the University. In addition to the above appropriation, two thousand dollars annually is given to the homœopathic department for the purpose of establishing a full professorship in ophthalmology, otology, and pædology. This gives to the department five full chairs, covering the therapeutic branches and leaving the cardinal branches to be taught by men who teach the students of nearly every department on the Campus—the genius of the University system. Verily, Homœopathy in the University of Michigan is progressing.

PERSONALS.

Dr. D. A. Foote, of Omaha, will edit a new journal of Homœopathy.

Dr. W. Slater Lee, one of the pioneer homœopathic physicians of Texas, died at his home in Dallas, January 31st.

Dr. J. K. Lee, of Johnstown, Pa., died May 30th. He was the only physician of our school in that ill-fated place.

Dr. Phil Porter has returned from his southern trip, restored in health. He has chosen Cincinnati as his permanent residence.

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ARTICLES IN MEDICINE.

—
A CONFESSION OF FAITH.*

BY H. E. ARNDT, M. D.

As I understand it, the scope of this bureau practically includes all that belongs to the action of drugs. It is this interpretation of the character of the work assigned me which is to be held responsible if I make the fact that I have just passed the twenty-first year of my professional life the excuse for a glance back into the past, and endeavor to state to my colleagues, in the plainest language possible, what, after these years of professional work, is my opinion of the medical profession and, particularly, of homœopathy.

To start with, I cannot profess sympathy with those who have no confidence in the physicians as men, nor pride in their work; and, perhaps more remarkable, I have no sympathy with those who admit, by inference or by explicit statement, that drugs, that *remedies*, are unreliable and worthless. It seems to me a rather marked fashion among physicians to speak slightly of drugs; to imply that more often they are given for the sake of satisfying the sick and their friends than because of faith on part of the prescriber in their power to prove of material service in restoring the sick to health. I do not at present care to account for the strange fact of finding, often, among physicians, avowed dis-

* Read before the Homœopathic Medical Society of Michigan, Session 1889.

belief in the very agents employed professedly for the purpose of doing that which gives them both social position and a livelihood; nor do I wish to emphasize the fact that such inconsistency under the circumstances partakes of actual dishonesty. I merely desire to state before you and before the world that after these many years of earnest application to that science which deals with the study of drugs, and with cure of disease by the means, largely of drugs, I am prepared to affirm that drugs, properly selected and properly exhibited, have in my hands rendered too valuable service to excuse my speaking slightly of their efficiency. In fact, carefully weighing my words, and making due allowance for all that has been done, and is being done, for the sick by mechanical medicine, I am still strongly convinced that a proper knowledge of the science of drugs contains the assurance of much greater usefulness in the sick room than is thought possible by physicians who naturally incline to mechanical medicine, and I am intensely in earnest when I affirm that the more important advances to be made in the means of curing the sick lie in the direction of a more profound knowledge of the curative power hidden in drugs.

To those not inclined to make a just estimate of the drift of medical opinion it may seem superfluous for a medical man to thus strongly assert a faith which, one might think, must be held, and is held, by all physicians. Yet, it is a fact that of all physicians, without reference to schools, only a very small minority place great faith in drugs; and I do not hesitate to assert that this fashionable unbelief has so seriously affected physicians of our own school that among our younger men the study of *materia medica* receives only a fraction of that zealous and energetic pursuit which its importance demands.

Candor compels me to acknowledge that my faith in the reliability and efficacy of drugs has not always been as strong, as unwavering, as it is now and as it has been for years past. There was a time when I, too, had practically come to the conclusion that all claims to a knowledge of the action of drugs is vanity and folly. Those were years of keen humiliation, and they represent the bitterest, yet most blessed, period of my professional life. How did I come to

sink into this slough of despondency, and how did I escape ?

This question is of practical value because my own case is not only *not* an isolated case, but my own experience is, I think, the experience of others, and furnishes the reason why many a sincere physician, after years of honest work and careful observation loses faith in medicines and narrows his professional life down to the study of sanitary science, mechanical medicine, and to those agencies which may properly be classed with the various kinds of auxiliary treatment, so-called.

In my own case, I went into practice with the firm conviction that a cure, in almost any case is practically a question of skill on the part of the attending physician. That people eventually die I knew from observation ; as a matter of conviction, I held that nine times out of ten they should not die, and would not have died had they been treated in strict compliance with the laws of Hahnemann. This firmness of faith on my part was largely a peculiarity of temperament, intensified by the absolute confidence I had in the wisdom of those who formed my medical character. Practicing, even in my then limited country practice, I was bound to undergo, first of all, a series of triumphant surprises at my ability to relieve suffering and to perform what seemed to be actual cures, somewhat disturbed once in a while by the unreasonable tenacity with which some patient would refuse to get well. I look back even now with the keenest of pleasure to many a case successfully treated when I had at my command few of the means which our young graduates of to-day have a right to deem indispensable to success, and I am persuaded to think that in those early years of my practice many a cure was made by me of which I would feel proud now.

Gradually there came to me the knowlege that a goodly percentage of chronic cases which I had discharged cured, and which at the time were thought cured by all the parties concerned, were not cured at all; their symptoms, instead of being permanently relieved, were only modified, and in too many cases returned in the course of time. Again, I was bound to recognize the fact that with all my seeming success many a patient died, who, it seemed to me, should have re-

covered; others made no more rapid recovery than did similar cases under old-school treatment, or patients who had no physician or took no medicine. I was thus learning the practical bearing of the doctrine of the limitation of disease, and many a sleepless night did it cost me. Then came the years of change from one extreme of medication and of "potentiation" to the other, eventually to culminate in a clearer, more rational interpretation of the laws of morbid action, or the phenomena of disease, of the power of drugs to cure, and of the conditions under which we may expect drugs to become remedies. I may not follow each step, but it is proper to say that the outcome of it all was a firmer, because a more intelligent, faith in the curative action of drugs than I had been able to sustain, a faith which has made it possible for me to teach *Materia Medica* without ever affirming to students what I did not fully believe the truth.

My own experience as to this early fullness of faith, followed by an equally pronounced lack of faith, I believe to be a very common experience of young physicians. Unfortunately, the final settling into a *conviction* that cannot be shaken, does not always occur. And many a physician, I am sorry to admit, after twenty-one years of observation in the sick-room, will wonder at my audacity in my maintaining here that there *is* a curative power in drugs beyond the comprehension or suspicion of many practitioners of medicine; an affirmation on my part not made for effect, but as a deliberate expression of a conviction as dear to me as life.

What are the conditions most likely to beget in the young practitioner distrust and unbelief in the action of medicines, and what can be done to make these causes inoperative?

The mental condition of the young graduate is not always conducive to sound reasoning and to the drawing of logically correct deductions from stated premises. In young physicians, I believe, there is either a redundancy or a deficiency of faith; the former more frequently obtains where enthusiasm on the part of the teacher begets, as it ever does, enthusiasm in the student. It undoubtedly is one of the chief duties of the teacher to "round off" the theoretical training of the student, and to give him the best possible chance to steer

clear, in practice, of the shoals and breakers likely to wreck him. It is the *wisdom* of the teacher which, steering clear of extremes in teaching, must furnish to the student a basis of *facts* upon which can rest a superstructure capable of enduring searching analysis and the rigorous test of clinical experience. The young graduate must be made *broad* and *catholic* in *attainments*, in order to eventually become firm in conviction. He must know, before entering into practice, what he has a right to expect remedies to do, and what he has no business to attempt to accomplish by the use of drugs. He must know that many diseases are limited in their course, which, perchance, may be shortened and otherwise modified by the action of the indicated remedy, but is not at all likely to be cut short almost with the quickness of a lightning flash, as a British colleague once affirmed of the presumed action of Baptisia in typhoid fever. He must be aware of the fact that the disappearance of a disease while the patient was taking a certain remedy is not a proof positive that said remedy was the sole cause of the cessation of morbid action, if, indeed, it can be shown to have had anything to do with it. It is especially necessary to have it understood that a perceptible shortening of a disease or the eventual recovery of the patient under a certain line of treatment, when such recovery of the patient or such shortening of the disease do not occur under other conditions, are in all probability proof of the actual value of the treatment had; and it is well to cultivate a very clear understanding of the fact that a chronic state of doubting all things does not prove intellectual superiority. These preparations had, young physicians will be comparatively safe from the exercise of too much or too little confidence in what drugs are capable of doing for the sick.

False methods of selecting and of applying remedies are even more frequently responsible for the failure to obtain satisfactory results from the exhibition of drugs, and for the subsequent formation of unbelief in the value of remedies. As homœopathists we have our pet notions concerning methods of selecting drugs, and are prone to advocate our views not only with zeal, but with asperity, and even humiliating arrogance. As the Puritan fathers, themselves the

victims of cruel persecution for belief's sake, eventually became the most intolerant of religionists, so we, even now still resting under a heavy cloud of injustice shown us for belief's sake, betray a disregard of the rights of those of our own faith, which would honor the days of the inquisition. Thus it is that many young physicians enter practice wholly one-sided; many of them cherish the conviction that all there is in our materia medica lies in the symptomatology, while others, as firm, would utterly discard the painstaking study of symptoms, and rest upon the broadest possible generalization. Failure, with such persons, rarely means a retracing of steps and a renewed and more thorough study of the subject, for they take it for granted that no path but the path of *their* choice can possibly lead to the coveted goal. Failure here, almost surely leads to routine practice, to very indifferent results from remedies capable of doing grand work, and to a very vague condition as to the exact value and reliability of drugs. Without the slightest desire to call into question the experience of one of my colleagues, or his methods of prescribing, I cannot be accused of holding an illogical position when I maintain that the true remedy to a given case must in its pathogenesis demonstrate its power to affect the organs and tissues which are involved in the course of the so-called disease which we desire to cure; that there must be the strongest possible similarity, stage by stage, in the drug disease and in the disease as we find it in the sick room; that, as an additional and most important factor, there must also be present the closest similarity between the *peculiar* symptoms of the drug disease and of the disease proper, as affecting, not the *genus*, but the *individual case*. Every one of these conditions must be met in order to make a perfect prescription, homœopathically. The general, broad facts shown in the so-called physiological action of a drug, or in the more coarsely-drawn lines of drug action, establish the action of a drug upon tissues and organs, thus giving us the homœopathicity of a drug to a general morbid entity, to a "disease," as such; the special and *peculiar* symptoms developed in the provings, establish the homœopathicity of a drug to the individual patient. Both the drug disease in the *individual*, and the morbid action in the sick

room affecting the *individual*, resemble each other in the development of striking, and often inexplicable, symptoms, thus showing that the so-called "characteristic" symptoms or key-notes, properly employed, may become of the greatest service. As illustrative of the utterly careless method of selecting drugs, I need only point to the routine practice of using quinine whenever we suspect the influence of malarious conditions, or of podophyllum when a torpid liver troubles both patient and doctor; similarly foolish prescriptions are found in the administration of *pulsatilla*, *very high*, to change the presentation of an obstreperous fetus, or of sulphur, because no other remedy seems to do good.

False methods of *applying* a remedy and wrong notions as to the doses necessary to obtain certain results very commonly disappoint physicians, and, refusing to act as expected and desired, not unfrequently upset a faith which has in it more blind fervor than intelligence. To illustrate: I know of medical men who, as strong homœopaths, feel bound to claim the *universal* applicability of our law of cure and to deny the existence of any other law of cure. It is very common for these same gentlemen daily to practice methods utterly at variance with homœopathic teaching. An estimable physician of our school in this state some years ago reasoned as follows, when he found himself in such a predicament: No cure can be made in any case, save homœopathically; that is settled. A certain prescription, containing several drugs, handed down by tradition or found in some formulary, cured a certain case in hand; ergo, said prescription, having proved curative, was homœopathic to the case, and the prescriber was consistent. I desire merely to call your attention to the fact that even Hahnemann—a fairly enthusiastic and uncompromising homœopath—at no time claimed the law of the similars to be a universal law of cure, and I am strongly persuaded that outside of the homœopathic action of drugs, other actions are constantly utilised by the majority of those present. Common sense demands that we must adopt the means to the end to be obtained; unless we do so, and do it *intelligently*, we must blame our stupidity, not the drug, if failure attends our efforts. If it becomes necessary to vomit a patient, 10 to 30

grains of sulphate of zinc will produce emesis, but of the 30th attenuation of the drug a barrelful might be given, and fail of its purpose save by over-distension of the viscus. In a case of poisoning with phosphorus, a high attenuation of sulphate of copper will accomplish nothing, while the same substance, three grains every five minutes, is likely to save your patient. If you *must* give your patient an hypnotic (and I hardly think you wise in doing so), don't give him of morphia sulphas one-eighth of a grain dissolved in a glassful of water, a teaspoonful every two hours, and then, in case of failure, call into question the hypnotic powers of morphine. Nor, on the other hand, attempt to cure the flushings of the climacteric by inhalations of crude amyl nitrite, or undertake to cure chronic intermittent fever by the first decimal trituration of salt, or seek to demonstrate the homœopathicity of podophyllum to morning diarrhœa by giving one-half grain doses of the resinoid to a child suffering from this condition. If we, in dealing with drugs, fail to adapt the means to the end, for the sake of common decency do not blame the drug, but let us place the fault where it belongs, on the ignorance and stupidity of the prescriber, who neither understands himself nor the tools in the use of which he claims to be skilled. The necessity of doing this is one of the lessons I learned during the years of my professional minority.

What has been the effect of the 21 years of practice, study, and teaching upon my faith as a homœopath? I am glad, Mr. President, that I can look you in the eye and affirm that my conviction in regard to the value of the homœopathic law of cure has grown stronger yearly, since I have had the moral and intellectual backbone to thrust from myself the once cherished faith that homœopathy embraces all there is curative in medicine. Allow me here again to point out the fact that even Hahnemann's enthusiasm never betrayed him into an avowal or a claim of the ALL-sufficiency of homœopathy. Hahnemann did indeed teach—to furnish an illustration,—that china off. has in its power, under certain conditions, to cure a patient of the evil effects of a copious uterine hæmorrhage; but he *nowhere* asserted that it lies in the power of china, high or low, to cause a vigorous contraction

of the bleeding uterine vessels, and thus stop the hæmorrhage itself. And had Hahnemann so asserted, he would have stated that which we now know to be incorrect. Again, experimentation has demonstrated that the action of certain drugs upon the intestinal muscular fibre may, homœopathically, be utilized in certain extremely obstinate cases of constipation with all its resultants; but the sound common sense of *all* intelligent and conscientious homœopaths will condemn as guilty of inexcusable malpractice the man whose blindness of faith leads him to treat a strangulated gut, with its attendant threatenings to life, with internal doses of opium or nux when the only indicated remedy *here* is the cold, glittering steel of the surgeon. These, and a hundred others, illustrate the point I desire to make: the firmest and noblest physician and *homœopath* is he who knows what homœopathic remedies can do and *can not do*, and who has the honesty to acknowledge to himself and to the world the fact that he who refuses at all times to use means *not* homœopathic, is not a true nor a reliable physician.

In actual practice—I am glad to say it—few men take this position; in our literature, however, the claim is constantly made that to go outside of homœopathic usage is equal to a confession of ignorance of homœopathic methods or proves weakness of conviction. The result is this: men fail in what they feel sure they *should* be able to accomplish; they become bunglers, floundering about in a perfect quagmire of perplexity, and eventually lose faith in all drugs. They may prescribe them; but it becomes purely a matter of habit and concession to the popular demand for drugs. Why should we refuse to see the plain truth, and seeing it, speak of it openly? Who is the master carpenter, the man who attempts to fashion all things with the auger, or say the jack-plane, or he who has a *variety* of tools from which he draws the *one* tool which preeminently and alone is adapted to the performance of the task in hand? Your drugs are but a part of the “kit of tools” which you are to use, and the homœopathic remedy is but a part of these drug-tools; it is like the carpenter’s hammer, more important and of more frequent use than all others yet not all-sufficient. The

homœopathic remedy can no more force the stomach to empty itself of the half-rotten food which is causing paroxysms of intense pain, than can a hammer bore a hole through a six-inch plank of seasoned oak.

By thus learning to distinguish clearly just what we must do to cure a patient, and what means—homœopathic medication, or physiological or chemical treatment—will accomplish the end in view, we will *not* demand of Homœopathy what the Almighty, the Great Physician, never intended Homœopathy to do. Using its wonderful resources with discretion and wisdom, they will not fail us in our hour of need; and we will thus be saved the disgrace of dispensing medicine in whose certainty of action we have no confidence. And, Mr. President, the most solemn duty of the hour which rests upon those who are teachers in our colleges, is not the making of a glittering display of wonderful assertions of possibilities and plausibilities which by the bedside are bound to tumble to pieces as does the card-house from the first breath that tests its stability; the most solemn and most pressing duty of the medical teacher is to teach what means, regardless of name, do promise the most toward curing the sick. As a sun shines above us, the very existence of our school depends upon the fulness with which we invite the sunshine of medical truth to fall upon our dogmas and teaching!

And have the twenty-one years of study of Hahnemann's writing taught me that the old master was a "blind leader of the blind," as J. C. Peters has it? Have I become so wise in my own conceit that I am ashamed of publicly owning allegiance to that strange example of indomitable perseverance which appeals ever to those who cannot accept its logical outcome? Do I feel that in the year of our Lord 1889 we can treat lightly, and vastly improve upon the work done by the German scholar almost a century ago? If I believe in Homœopathy and yet not think it *all-embracing*, what do I now, having reached the age of my professional majority, think of him who formulated it?

I can truly affirm that increasing years have brought with them ever increasing admiration for the wisdom of the sage of Coetha. I am no man-worshipper, and never expect to

be. I do not propose to remain tied to the teachings of a century ago. I need not think a man perfect in order to love him. I may insist upon drawing a distinction between loyalty to a teacher and abject abandonment of self in intellectual slavery. But with all these claims for moral and intellectual independence, I am prepared to make this statement, and I make it with great moderation of speech — that the professed Homœopath who fancies himself the superior of Samuel Hahnemann in careful observation, thorough analysis of facts observed, general correctness of deductions drawn, originality and striking correctness of teaching based upon the deductions made — such a Homœopath is a man to be avoided as carefully as you would the itch or, better, leprosy. It *has been* the fashion to deify Hahnemann and to deny us the right to continue his work. It seems *now* to become the fashion to vilify Hahnemann and to misrepresent his work. Of the two evils, the latter is infinitely the greater.

The difficulty so far as the profession are concerned, lies largely in our ignorance of the teaching of Hahnemann as compared with that of his contemporaries; and, even more important, it depends upon our surprising ignorance of his teaching, so far as it is had from a systematic study of his own writing. The verbosity and often ambiguity of the old text tries the patience of the average reader, even though solid nuggets of gold lie under the mass of verbiage which appalls us. And then, we are often actually unfair to the dear old teacher. We forget that he was mortal, and overlook the fact that many a *theory* of his was formulated under conditions which render their approximate correctness, in the light of the present status of science, little less than miraculous. But when it comes to *facts*, the glory of Hahnemann's genius is such that it places and *keeps* him by the side of the world's greatest. Simplify his cardinal doctrines and see what a wonderful clearness and far-reaching power there lies hidden in them! The single remedy, who dare gainsay the soundness of that teaching? Let you discard it, and the greatest therapists of the old school will shame you into an acknowledgment of its soundness. The minimum dose—what a plain, straightforward statement of an

important fact, a veritable solid chunk of wisdom! What does it mean? The 100,000th? Not at all; it merely demands the smallest dose of medicine capable of doing the needed and expected work. Then take the chronic diseases! How much from these has been poked at the anti-psoric theory! Ridiculous isn't it? Very! that is, for you and me to overlook the fact that in this very theory, denuded of its verbosity, Hahnemann simply teaches that it is very dangerous to suppress an eruption which is the local expression of a constitutional disease, and that such a suppression may be followed by grave and lasting disorders, even death. And has not this teaching become the teaching of the day, even to the usefulness of sulphur and of sulphur compounds in the treatment of affections following the suppression of a rash? Do not the leading old school authorities so teach, even adopting Hahnemann's anti-psoric theory in the more new-fangled dartsious diathesis; the same old teaching, dressed up in finery just a trifle more modern.

If there is danger ahead to *our* craft it lies in this fact: we tend to an extreme, *now* of blind, untutored faith; then of blind, naked unbelief. BOTH ARE BLIND. Let us disown extremes. Let us become familiar with all the broad domain of general therapeutics; let us court the open daylight of generous and unprejudiced study. Let us learn to discriminate between the different agents at our disposal for the accomplishment of certain work. Thus homœopathy will become to us fairer and more blessed each year, and he who first taught us its way will, to our vision, expand into a majesty of proportion beyond our former perception. This is what my first 21 years of practice have done for *me*, and what I was eager to tell you.

JEQUERITY BEAN IN THE TREATMENT OF TRACHOMA.

Very little has been said or heard about this drug during the last few years, doubtless because of the numerous bad results that have attended its careless use; as a consequence of which, it has been almost entirely abandoned by the profession. The object of this paper is, if possible, to restore it to its proper therapeutic position. From experience in its

use, I deem jequerity, if properly applied or used, one of the greatest human blessings, medically speaking, in the treatment of that most formidable of all eye diseases, ophthalmia granulosa, with its complications.

Some five years or more ago the use of this drug was highly recommended by a Frenchman, who gave the formula for its preparation as well as directions for its application; and the profession generally became very much interested in it as a prospective specific, believing that a new era had dawned upon the treatment of one of the most troublesome and perplexing of all eye disorders. As a result, nearly every physician, specialist or otherwise, cried "Eureka." But, unfortunately, it was soon discovered by many that the new discovery was not all a blessing, as numerous bad results from its use were being reported; eyes were being destroyed, and physicians became afraid of it; and, to-day, its use is almost entirely abandoned. And why such bad results? Simply because we were instructed not to restrict its effects in any way, or we would not get the desired beneficial action; which was evidently a mistake; because of the difference in individual susceptibilities.

I have never, to my knowledge, except in one or two instances, possibly, had any unfavorable results from the use of this drug, and those were cases in which I had no opportunity to watch the drug-effects, being cases that failed to report as directed, probably because they were alarmed at the too profound effects. When I speak of bad results, I refer to a very active artificial diphtheritic inflammation, attended with great swelling of the lids and infiltration of the ocular and palpebral conjunctiva, compressing the blood vessels and lymph canals, thereby intercepting the nutrient supply of the cornea, resulting in necrosis, sloughing, etc., of the anterior eye ball.

The secret of success in the use of this drug evidently consists in watching and mitigating its action if it is too violent. If violent symptoms should develop suddenly within twenty-four hours from the time of its application, atropia, four grain solution, in connection with the saturated solution of boracic acid, should be instilled into the eye every hour or two, in connection with hot water compresses and in-

ternal administration of hepar. sulph., arsen., rhus tox, etc.

The pathologico-dynamic condition produced by the local action of the bean, in most cases is an artificial diphtheritic ophthalmia. We all understand that natural diphtheritic ophthalmia is a very dangerous disease of the eye. Fortunately, however, for us, cases in this country are rare. Of course the artificial condition produced by the bean does not assume the same malignity that attends the natural disease. In this artificial disease we usually have a membrane covering the conjunctiva which persists sometimes for several days, its disappearance generally being followed by a disappearance of the granulations. How this is done is not exactly clear; whether by strangulation of the granulations thereby depriving them of blood supply, or by affecting the vaso motor nerves, and in that way indirectly influencing the nutrient condition; at all events, the granulations that had obstinately resisted all other local means promptly disappear with the subsidence of the inflammatory action.

Not all persons are equally susceptible to this treatment, and occasionally one is found who is not susceptible at all. I have had a few cases where not the slightest impression could be made apparently. Those cases that are moderately susceptible are frequently cured by repeated applications at intervals of a day or two for a few weeks, even if no diphtheritic deposit results.

I have a case at present under treatment in which the patient, a gentleman, had been blind, or nearly so, for several years before coming under my treatment; one eye being entirely disorganized, the other having pannus-crassus, diffuse corneitis, superficial ulcers, etc. He had had to be led about for a year or more.

I made a strong application of jequerity, knowing that I could not possibly put the eye in a much worse condition, and safe from censure in case of any unfavorable result, as the patient considered himself hopelessly blind. Strange to say, the medicine had but the slightest effect. After several repetitions at intervals of a day or two for a few weeks, the treatment was followed by a gradual improvement, which has steadily continued up to the present time, running over a period of about one year. I am happy to say that the

patient sees sufficiently well to transact ordinary business. The inveterate granulations have all disappeared, as well as the pannus and most of the corneal cloudiness, etc. It is needless to say that the gentleman is more than satisfied with the result of treatment.

I sometimes use the bean in the form of a powder dusted over the inside of the lids in small quantities; and sometimes a watery infusion, using about one bean to a drachm or two of quite warm water. The bean should be crushed and ground, and allowed to saturate for a few minutes. To apply, evert the lids and carry the solution directly to their inner surfaces with the dropper; the lid eversion must be maintained for some little time, and several drops applied at intervals of a few seconds. I have used this treatment in a large number of old, long standing cases with the most happy results; cases that had resisted all manner of astringent and caustic treatment, as well as all kinds of internal medication, and had been given up in despair as hopeless.

LUPUS OF THE LARYNX.

BY H. H. CRIPPEN, M. D., SAN DIEGO, CAL.

Laryngeal lupus is so rare an affection that, outside those few authors who have made a systematic study of the larynx in some of the large cancer hospitals, very little is known of it. Of all authorities, that I have had occasion to consult, the most satisfactory has been a late work* by Drs. Gouguenheim and Tissier, of Paris.

When a section of skin or of mucous membrane attacked by lupus is examined under the microscope, there are constantly found typical tubercular follicles. That is to say, that there will be seen some agglomerations of small round cells having in their centers one or more giant cells of perfect clearness. It can even be added, without fear of being taxed with exaggeration, that it is in this case that the tuberculous follicle shows itself in its most characteristic aspect. Besnier has already given the opinion that lupus is a local tuberculosis. Leloir et Cornil† have sought to show this ex-

* "Phtisie Laryngée," par le Dr. A. Gouguenheim et Paul Tissier.

† Société de Biol., 1883.

perimentally by the method of inoculation. In half their cases the result was positive. The bacillary proof has been made also, but the bacilli are extraordinarily rare in these attempts. Malassez has not found them; Cornil et Ranvier* have only found them in twelve cases, where fragments of lupus had been removed from the living. Koch† has found bacilli in four experiments, but in one case he had to make forty-three sections before finding them in one piece. Pfeiffer and Demme have arrived at the same positive result, and Koch has obtained some pure cultures by the use of a fragment of hypertropic lupus.

Thus, in spite of the clinical differences between certain forms of cutaneous tuberculosis and lupus of the skin, the latter is actually ranked among the affections common to the bacillus of Koch. On this account the description of lupus of the larynx might have been included in a previous article.‡ However, we have reserved it for special discussion by reason of its relative rarity, and especially because in the great majority of cases it presents itself only as an extension of the cutaneous affection.

Turck§ is the first author who described the laryngeal lesion of lupus; he did not believe it to be very rare; however, he only reported five cases. Ziemmsen|| asserted that the larynx was more often attacked than was generally admitted, and based this opinion on what he had seen in Pomerania; but like Turck and Kaposi, he only relates a few examples. Morrel Mackenzie has also cited some cases.

To form an opinion of the frequency of laryngeal lupus, it is necessary to review more extended statistics: Nicholai Hohn examined with the laryngoscope ninety patients affected by lupus, at the common hospital of Copenhagen (1866 to 1877), and only found the larynx attacked in six cases; Chiari and Riehl¶ among seven hundred and twenty-seven cases of lupus, only found the larynx affected in six cases;

*Manual d' histologie patholog. t. II, p. 849.

†Mith. Aus d. k. d. Gesundheits, 1884.

‡"The Differential Diagnosis of Tubercular Laryngitis." *Medical Counselor*, May, 1889.

§Klinik der Krankheiten des Kehlkopfes Krankheiten. Berlin, 1874.

|| Von Ziemmsen. Handbuch, p. 334.

¶ "Lupus vulgaris laryngis." *Vierteljahrbuch of Der. und Syph.*, p. 882.

Grossmann,* in remarking on this series of cases, says that not all these patients were systematically examined.

The larynx is rarely attacked primarily. Some authors deny that it can be the seat of a primary lupus, but Ziemssen has published an example.

Virchow has studied the anatomical lesions of lupus of the larynx. "The tubercles are constituted by yellow granulation tissue, soft, and most often very vascular, formed by small, round cells. They contain often at their center or at the periphery some characteristic giant cells. The degeneration ends in ulceration and in the formation of cicatricial tissue as on the skin."

In the beginning lupus of the larynx is apt to escape recognition. The epiglottis may be first affected, taking an intense red color. There may be thickening and the part be covered with typical granulation without any notable disturbance. When hoarseness is produced the lesions are generally already much advanced and the appearance of the larynx profoundly altered. On the thickened, hyperæmic mucous membrane will be found rose-red or brownish-red, circumscribed granulations and ulcerations, sometimes deep, sometimes superficial, not easily bleeding (thus distinguishing from the fungus ulcer of cancer). The base of the ulcer is red, granular, and secretes but little pus. There is no peripheral œdema. At the same time there will be found irregular cicatrices, here projecting, there depressed, reddish (or sometimes whitish). The epiglottis is especially attacked. Here the lesions are especially pronounced. Its tissue is often deeply ulcerated, and destroyed in part. This will be easily understood if one recalls the mode of invasion of the larynx, *from above downward*.

As for subjective symptoms, dysphagia is rare; the voice is often hoarse and this may often amount to aphonia; pain is generally absent.

The diagnosis will be difficult if the laryngeal lesion be primary. But in most cases we have only to deal with an affection secondary to a lupus of mucous membrane of the lips, buccal cavity or nasal fossæ.

* Grossmann. *Med. Jahrbuch (Vienna)*, 1877, p. 136.

The bibliography of the subject, besides those authorities already cited comprises:

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ON THE NATURE AND TREATMENT OF ARTHRITIS.

BY PROFESSOR EBSTEIN, GOTTINGEN.

Translated by S. LILIENTHAL, San Francisco, Cal.

There are two great types: *primary articular arthritis* and *primary renal arthritis*. In both, secondary arthritic affections may appear in other organs, and especially the kidney may become affected in primary articular arthritis. The primary arthritis of the extremities is an exquisitely chronic affection, though the typical attack runs its course like an acute disease. We must study: (1) The symptoms of the arthritic disposition; (2) the typical paroxysm; (3) the intervallary gouty symptoms. During the typical attack the joint is not the only part affected, but all tissues surrounding the joints, especially the skin, suffer. The general state of health is more or less disturbed, the temperature often (not always) rises. It often sets in suddenly at night, and frequently returns in early spring and late autumn. These attacks are apt to localize themselves in peripheric parts, especially of the lower extremities, in the foot and toes. Running an aseptic course, it is an inflammatory process (severe pains, shining, tense, red, oedematous skin and scaling off after the disappearance of the inflammatory swelling), which gradually declines. Gouty tophi are of symptomatic and diagnostic importance. The deposition of crystallized urates must not be taken as the cause of the arthritic inflammation, necrosis and necrotic foci in the tissue arise primarily, and here the urates are deposited secondarily. Only in severe cases we are sure that the articular cartilage is suffering. These deposits never disappear spontaneously. During the intervals the patients often have disagreeable

sensations in the joints, a feeling of pressure in the periosteum, especially of the superficial bones, particularly in the lower extremities. A most important symptom of the gouty disposition, and as a premonitory manifestation, may be taken the frequent spasms of the calves, the rheumatic pains in the back, a kind of lumbago, the vague muscular pains, and the sensation of total exhaustion. In relation to arthritis of internal organs we have to study *visceral gout*. Arthritic dyspepsia is often caused by dietetic excesses. The nervous system also shows morbid changes, or we may have to deal only with functional general or peripheric neuroses. The anatomical changes in the nervous system are secondary products, caused by diseases of the heart or of the blood-vessels, though in some cases crystallized urates may be deposited in the nerves. The most frequent functional nervous disturbances are neuralgia, hypochondriac and diverse neurasthenic symptoms. In relation to the arthritic diseases of the urinary organs, many authors accept the opinion of Garrod, that through functional disturbances of the kidneys the excretion of the too copiously formed uric acid is perverted, an opinion not always true. In primary gout the kidneys become diseased at a later period than the joints. But there is an arthritis, where the kidneys are primarily affected, where a grave renal disease is the starting point of the gout, which causes, besides other severe disturbances of tissue-change a generalized stasis of uric acid, and prevents the sufficient excretion of uric acid and of other urinary constituents. In primary renal gout death happens much sooner, before extensive gouty changes happen in the joints and extremities, but there may be a gouty nephritis without any simultaneous deposition of crystallized urates.

The symptoms of primary articular gout may be explained by the supposition of a local stasis of the juices of the body containing uric acid, particularly in those parts of the body, where primary articular gout localizes itself. During its further course, when the kidneys also become affected, the symptoms of local stasis combine themselves with those of the general stagnation of uric acid. We meet a stasis of the uric acid formed in the muscles and bones, probably caused by trauma, rheumatisms, syphilis, etc. By the pois-

oning influence of the uric acid arise inflammatory necrotizing or necrotic processes, or in the necrotic acid tissues the easily soluble, neutral soda-urate, circulating in the juices changes into the rather insoluble crystallized natrum uratum. By the transition of the uric acid from the lymphatics into the blood-vessels, the latter also become affected (phlebitariæ, arterio-sclerosis, cardiac affections), there may also be respiratory troubles, especially bronchitis and emphysema pulmonium. Prognosis *quoad vitam* is not bad, when the patient will live in a rational manner, suitable to his individuality and dietetics are here of the utmost importance. Drugs are of doubtful use. Mineral waters, like Wiesbaden, Vichy, etc., may be taken with advantage.—*Allg. Med. Central Zeitung.*

CHLOROSIS.*

BY PROFESSOR PETER, PARIS.

Translated by S. LILIENTHAL, M. D., St. Francisco, Cal.

In our female ward there lies a girl of eighteen years; she is pale, bloated all over her body, her fingers are bloated, swollen, and her feet the same. Intense blowing murmurs may hint to a cardiac disease, and still she is only a chlorotic girl. Her menses were never regular and frequently absent for several months. In your text-books you read of chlorosis and iron, as if this were the whole of the treatment, while we must study the chlorotic patient in her totality; ask her whether she eats well and she gives you an evasive answer; she prefers uncommon things, vinegar, and hates animal food. We have to look after the perturbation of her stomach and of her other organs. We just as much disbelieve that chlorosis is equal to iron as that other proposition that digitalis or digitaline is the panacea for heart troubles. Without denying that iron may be useful in some cases of chlorosis, we must give the stomach what it can digest, we must aid the nervous system to take up again its normal functions, we must regulate every function.

Iron is usually prescribed in too large doses. Our whole body contains only a few grammes of iron and this has not

* *Semaine Medical*, 6, 1889.

all disappeared in chlorosis. Such large doses are too often the cause of the gastralgic pains of which we hear chlorotic women complain. Of all preparations Trousseau prefers iron-dust, or iron reduced by hydrogen, and, better still, some ferruginous mineral water, only it will be necessary to continue this treatment for some time.

But suppose we meet a stomach rebellious to iron, when it causes severe gastralgia, or even gastritis, try then a revulsion on the pit of the stomach, put on a small fly-blister every other day on some part of the pit of the stomach, and by painting the parts off and on with iodine, revulsion can be kept up for a long time without great injury to the skin.

Chlorotics often use different powders; some crunch beans of grated coffee, others try to swallow plaster, etc., from an instinctive desire to increase the secretions of the gastric glands. In order to regulate this bad habit we give them powders containing equal parts of washed chalk, powdered roasted coffee and powder of rhubarb, ää. 0.20 centigrammes, iron-dust 0.05 in each cachet, and, according to indications, when they complain of pain or bloating of the stomach, we add one centigramme of nux vomica or of opium.

Your chlorotic patient craves vinegar. Do not forbid it, for vinegar induces the secretion of the gastric juice; let them eat salads, the chicoree, lettuce, etc., are vegetable juices, and a little salt or pepper with the vinegar stimulates the stomach, and a little oil in the salad will not hurt them. Instead of the vinegar you might allow them officinal muriatic acid six drops, distilled water 120 grammes, lemon syrup 20 grammes, to take a tablespoonful after each meal.

Do not commend your chlorotic girls to eat only black meat, allow them veal, chickens, even ham if they so desire, and some gherkins with their meat. Perhaps your patient suffers from torpor of the intestinal canal and complains of constipation. Do not give them purgatives, but prescribe 0.02 or 0.03 centigrammes of podophylin or 0.20 to 0.25 cascara sagrada, two or three times a week, and a cold injection in the morning, and their bowels will become regular.

Your iron has very little influence on menstruation. Two or three days before the expected menses let your patient take a full, hot bath for 20 or 25 minutes, and three times

daily a pinch of the pistils of saffron, infused in a cup full of boiling water, or if you prefer, of mugwort, *artemisia vulg.* is an excellent emmenagogue or as some consider it bad on account of its producing abortion, you may change it into apiol, two dragees at every meal.

Hot baths act very nicely in chlorotic patients at any time, for their vaso motors are inert, the relaxed capillaries allow the serum to exude in the extremities, which often gives them the bloated appearance, and to tone up the skin, there is nothing better than hydrotherapy. Cold water would not do, for our patients have very little heat. Commence sponging them with tepid water and gradually reduce it to cold water and please them by adding vinegar, cologne water or some other toilet article, but always followed by some energetic friction; thus the tone of the vaso motors is restored and the bloat disappears. After a while we may progress to douches, at first warm and only gradually reduced to cold water, never longer than 20 to 30 seconds, and only what is called the rain douche. Sea-bathing with its swimming exercise is often of great benefit. Gymnastics are of the highest therapeutic benefit. When complaining of too much weakness, let massage be at first applied, to be followed by the Swedish movement cure and by and by fresh air and exercise will do the remainder.

MEDICAL FORUM

ADDRESS TO THE GRADUATING CLASS OF THE DEPARTMENT OF HOMCEOPATHY, U. OF M.

BY PROFESSOR. JAMES C. WOOD, M. D.,
President of the Hahnemannian Society.

As your President it is my pleasant duty to congratulate you, on behalf of the faculty, upon having completed your three years of collegiate work, and to confer upon you, as an evidence of this fact, the degree of the Hahnemannian Society. To-morrow you are to receive a license, with the seal of this great University upon it, making you *Doctors of Medicine*, and entitling you to all the rights, privileges and benefits which that name implies. It is proper and fitting, therefore, for us to pause for a moment at the threshold of what

we hope and pray will be a professional life, but active and useful, and ask this question: Are you to-day competent men and women to assume and undertake the manifold and sacred responsibilities belonging to your chosen profession? The question is certainly pertinent and relevant, and you will, I trust, grant me as one of your instructors, the privilege of undertaking to answer it for you.

My reply will be cautiously framed and couched in language which may mean *yes* or *no*, depending entirely upon the interpretation and significance of the word "prepared." If the three and four years of hard labor through which you have passed, years devoted to faithful study and scholastic discipline, rigid, possibly, in some departments to an extreme degree, is to be compared with the curricula of many of the colleges of the country, to some of which a few of our students annually migrate to avail themselves of the "superior clinical advantages" therein offered, I answer, *Yes*. If, on the contrary, you accept in good faith the language of the world and imagine that with your diplomas you are to receive a perpetual respite from study, work, and research, and that henceforth you are to banish professional books from your thoughts, my answer is most emphatically and most decidedly, *No!*

It has been well said "that whatsoever the mind undertakes, it must pass through a spring-time of planting, a summer of flowering, and an autumn of ripening." Medically speaking, you have now passed through the spring-time of planting in completing your college course, and during your summer of flowering, unless your experience be different from that of the average physician, you will discover the absolute necessity of getting rid of much knowledge which will prove impracticable and theoretical. If my prediction be true, do not, I beseech you, accuse your teachers of being in fault "in furnishing you with mental stores not directly convertible to practical purposes." Bearing upon this point, listen, if you will, to the words of that keen-witted humorist and scholarly physician, Doctor Holmes. He says: "All systematic knowledge involves much that is not practical, yet it is the only kind of knowledge which satisfies the mind, and systematic study proves, in the long run, the

easiest way of acquiring and retaining facts which are practical. There are many things which we can afford to forget, which yet it was well to learn. Your mental condition is not the same as if you had never known what you now try in vain to recall. There is a perpetual metempsychosis of thought, and the knowledge of to-day finds soil in the forgotten facts of yesterday. You can not see anything in the new season of guano you placed last year about the roots of your climbing plants, but it is blushing and breathing fragrance in your trellised roses; it has scaled your porch in the bee-haunted honey-suckle; it has found its way where the ivy is green; it is gone where the woodbine expands its luxuriant foliage."

It is then impossible to secure a thorough medical education without a foundation more or less theoretical, and no natural peculiarity of mental character, however happily it may be constituted, can secure eminence without such a foundation. That part of a medical course which is pre-eminently practical is clinical teaching, and yet with clinic patients as numerous as the sands on the seashore, you cannot become thoroughly educated physicians without the requisite theoretical training.

Another fact must not be lost sight of in replying to the question which I have propounded and that is, far more learning is required of the physician of to-day than was required even twenty years ago. True eminence can only be secured by him who is educated according to the highest standard of his own time. According to this standard only, is it possible to judge of the ability and attainments of men like Hippocrates, Celcus, Galen, Boerheve, and Hahnemann. The manifest unfairness of comparing the physical sciences of our day, and the men distinguished in them, with the mere glimmerings of similar knowledge possessed by the old masters, will suggest itself to all fair-minded thinkers. There is no comparison between then and now and you ought to be better prepared to contend with disease, to either prevent, cure or palliate it, than would Sydenham or Hahnemann be, could they come back to us from that better world where, as one writer facetiously puts it, few doctors are within call. They had to grope their way through dark and unexplored

regions unaided by the collateral sciences of to-day which it is your privilege and mine to enjoy. If, then, you are to become competent and prepared in the broadest sense of the term you can not go through life merely passive and recipient, but you must become active, influential and fruitful. Circumstances may have much to do in determining your success, but with certain conspicuous exceptions events transpire by law rather than by chance. It is therefore imperative for all to labor somewhere and somehow. He who does not seek proper fields in which to expend his energies will certainly dwindle intellectually, if he does not actually throw himself into the domain of vice rather than endure the tortures of idleness. Conversely, if he will but properly energize his faculties and will sow, and water, and toil, he will surely reap a rich harvest. To use a somewhat homely simile the power of *will* then bears the same relation to his intellectual and moral nature that the power of the sun does to the physical Universe. If your minds are thoroughly imbued with this thought then you are fit persons to become guardians of the sick, and the faculty bids you a God-speed, knowing that you will honor yourselves and your Alma Mater.

You will find much to stimulate you and encourage you in the profession of medicine. It has always attracted and will ever continue to attract to its realms men of the broadest culture. In its high scope it sweeps the whole sphere of physical and moral science, and yet, comprehensive as it is, it has none of the coldness and bareness of abstraction about it. Through the most complex and intricate development of primordial law, its devotees can contemplate the mightiest elemental forces, or the minutest atoms which only the microscope can detect in the viewless air. The results are as full of earnest sympathy as of thought, which comes to your grasp like the hand of a friend. The afflictions of men are soothed and comforted by its fruits and blessings and its priesthood should, therefore, enter its temple with heads uncovered. Its progress has always kept apace with the progress of humanity and "every truth which it rears up by the wayside shall stand there as a memorial forever."

You will likewise find that Hygea will grant her favors

only to her most devoted and faithful suitors, for she is an exacting goddess and will not permit you to become eminent in more than one or two branches of medicine, although a general knowledge of all is a pre-requisite to eminence in any one. Rubens could not delineate the female figure, and yet his power in imitating twilight scenes was the admiration of the world. The Rubens in medicine are those men who devote years to some particular specialty, becoming writers as well as practitioners, and you will not have fully performed your duty if you do not cultivate the art of writing. Medical literature has been slowly, painfully and laboriously built up in the ages, and what would you be without this literature, this long record of valuable facts? Men who now rest from their labors have expended money, time, sleep and brains for you and for me. We would be very helpless children deprived of it, groping still blindly in the dark. Publish then to the profession any improvement or discovery in the various departments of medicine that you may be so fortunate as to make. Do not fall back upon the excuse that you have had no experience either as writers or practitioners. You will never become experienced practitioners if you do not practice, nor will you become experienced writers if you do not write. It is neither necessary nor wise to write much, but rather to write well, and the practice will do much to define and render accurate your knowledge. Gen. Lew Wallace once told me that often he spent several days upon a single page of the manuscript of his now famous work, "Ben Hur," in pruning, refining and recasting. As a result he has produced intellectual mosaics, set in a framework of almost transporting imagery, which seems to the reader spontaneous, but which cost the writer untold mental labor. Concentration of your mental forces with patience, perseverance and renewed effort will soon enable you to write with credit to yourself and with profit to your profession. Be able always to defend your printed utterances with a logical argument should it be necessary, for it will be more difficult for you to *cover up* your mistakes in a literary way than it will to hide those made in the active practice of your profession.

For the next few years you will be reminded by the general public and by your not unenvious confreres of your lack of experience very often, and, as it will doubtless seem to you, very unnecessarily. This is the one point upon which I am certainly entitled to speak authoritatively, because my own recollections pertaining thereto are yet fresh and exceedingly vivid. Indeed the dearth of gray hairs in my own case is yet so painfully conspicuous that I only get on by substituting for those emblems of medical wisdom, a bald head and avoirdupois — well, dignity and spectacles. There is not much to be done when confronted with accusations of this character but follow the advice the jailer gave Socrates a few minutes before sending him the poison, "Try to bear the unavoidable evil as lightly as possible." The masses will hardly believe you if you do inform them of the fact that the records of medicine, and of science in general show that young men are the apostles of new truths the world over. With what justice wrote Bacon, "The invention of young men is more lively than that of old, and imaginations stream into their minds better, and as it were, more divinely."

All honor and deference to the venerable seniors of the profession. They are entitled to reverence and respect from all of us. Experience has developed for them a *tactus eruditus* which has extended to both mind and fingers, and which you will be glad to avail yourselves of many times in consultation and otherwise. Nevertheless, as has been hinted, "the first whispers of a new truth are not caught by those who begin to feel the need of an ear trumpet." Versalius, the father of human anatomy, was but twenty-three years old when the Republic of Venice appointed him to teach that science in the University of Padua. At twenty-nine he published the greatest work on anatomy that the world up to that time had ever seen. Harvey in his thirty-seventh year presented a course of lectures upon anatomy and surgery, a detailed exposition of his views concerning the circulation of the blood, views which he must have been evolving long before their enunciation, and which afterwards made his name immortal. The great physiologist, Bichat, died in his thirty-first year. Cuvier, the first of

all descriptive anatomists, had won a brilliant record as a naturalist in his twenty-third year. Jenner, before his twentieth year was already engaged in his great discovery. And our own Hahnemann, at thirty-five, had not only left a lasting impress upon the chemistry of his day, but he had evolved a law of cure which was destined to revolutionize the therapeutics of the world. History is full of similar examples, and, after all, it is hardly a crime to be young. Indeed, the profession of medicine needs young men and young women, to regenerate it and reimburse it with new light and new life. It needs, however, the right sort of young material and not the kind which is elaborated at wholesale and placed upon the market in a few months' time.

And now, ladies and gentlemen, I cannot detain you longer. Your bark on the morrow will be launched upon the waters of life, and as you depart from us there will come the full and painful consciousness that the ties which have for so long united us as teachers and students in a band of close sympathy and friendship are about to be severed. When a pupil of George Lawton, the Scotch Divinity professor, said that he would defend his master against a threatened attack the professor replied: "The best defense you can make is to preach well." In your departure, and in the battle of life, the best defense you can give your Alma Mater and the Hahnemann Society, whose degree I now confer upon you, is to practice well. In bidding you farewell we shall watch your future career with interest and anxiety. Your victories will be our victories, your success our success, and your failures our reproach. May your courage be equal to each occasion, your zeal ever quick for new exertions, and your hope bright even in the hour of darkness. You begin your journey of life joyously, and I beg of you to think gladly also of the friends who cheer you on the way.

A TEXAS physician, Dr. J. Walter Cock, of Waco, claims that phthisis may be kept off by chewing tobacco. He accounts for it on the ground "that tobacco-chewing acts as a protective agent by counteracting the plethoric conditions of adolescence, and that it acts also locally as a curative agent in destroying the tubercle bacillus."

THE MEDICAL COUNSELOR.

D. A. McLACHLAN, M. D.,
EDITOR.

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EDITORIALS.

THE OBSTETRICIAN'S DUTY IN THE TREATMENT OF PUERPERAL LACERATIONS.

There is no department of medicine or surgery in which the physician can do so much in either making or breaking his reputation, as in the practice of obstetrics. The mechanism of labor is thoroughly understood, and the intelligent accoucheur is able to anticipate almost every movement which the presenting part undergoes. Chloroform has robbed the lying-in room of its terror, and by its skillful administration the patient's everlasting benediction can be won. Antiseptic midwifery will prevent many serious and fatal complications. But the intelligent application of these principles and methods is not all that is required of the modern obstetrician.

The surgeon of to-day relies upon the antiseptic technique of his operation, and in his subsequent dressings he is governed entirely by the temperature of his patient. Upon this same principle, the tendency in the practice of obstetrics is to handle the genital tract as little as possible after parturition. A rule which would apply in general surgery, where

the wound can be seen and critically examined, is obviously a bad one to apply in lesions of the genital canal, where the sense of touch has to be largely relied upon. Serious lesions may be overlooked in our desire to avoid "meddlesome midwifery," and, as a result, the patient may pass from the hands of the obstetrician into those of the gynecologist. No matter how grateful she may have been at the termination of labor, her gratitude will utterly forsake her when she finds it necessary to undergo a secondary operation, if the possibility of such an emergency has not been suggested to her. What, then is expected of the obstetrician in the treatment of lacerations? He should, in the first place, become thoroughly imbued with the idea that one of the very *best* antiseptic precautions is the closing of every avenue against the invasion of germs or the absorption of septic matter. So far as perineal lacerations are concerned, this can always be done, and no "obstetric bag" is complete without the necessary paraphernalia for repairing rents in this region. It requires no great amount of manual dexterity to pass a couple of stitches in a torn perinæum, thus closing a raw surface over which all of the lochial discharge must pass, and some of which must be absorbed. Convalescence will be more rapid as a result, and the virginal integrity of the parts more perfectly preserved. If the rent be a deep one, and especially if it involves the vesico-vaginal septum, the necessity of immediate reparation is imperative, and if the accoucheur does not feel competent to perform the operation, he should call to his aid one who is. A little candor will save him from much future condemnation, and his patient from much suffering. The advisability and necessity of this course, so far as the perinæum is concerned, no one disputes. There is, however, anything but an unanimity of opinion in regard to the immediate closure of cervical lacerations. This procedure in all cervical rents has been recommended, but the recommendation has not been received with general favor. Its application would undoubtedly help us to realize, to no small degree, the advantages of preventitive medicine. There is, however, so much to contend with in the immediate operation, that it can hardly become practicable. The patient is frequently too exhausted to warrant the necessary

exposure; the discharges and hæmorrhage conceal the field of the operation; and in many instances it is exceedingly difficult to make a diagnosis when the cervix is soft, swollen, and œdematous. Should the tear implicate the circular artery, then there is but one thing to do, namely, treat the wound as a surgical one, and compress the bleeding artery with deep wire sutures. For evident reasons, it is not safe to inform the patient that no laceration has occurred, whenever there is any uncertainty, and there always will be a degree of uncertainty. In all instances where it does take place, or where a laceration is suspected, perfect cleanliness, and anti-septic injections, are of the utmost importance. Watch septic infection, especially in its insidious form. Do not permit the patient to get up under two weeks, and if involution is very much retarded, keep her in bed three weeks. If the uterus remains large, and there is a tendency for it to become displaced after getting on her feet, introduce a properly fitting pessary. Nature, thus aided, often will heal the wound kindly, without the deposition of cicatricial tissue, and the patient will be spared the annoyance and suffering of a subsequent operation. In short, it should be the aim of the obstetrician to leave nothing for the gynæcologist to do. By observing the proper precautions and care, during and after labor, how much distress and anxiety can be avoided. Until general practitioners look beyond immediate results, they are bound to be reproached for this want of care and skill. As has been well said by a prominent author, "His present triumphs should not be bought at the expense of future and well merited blame."

BOOK REVIEWS.

A HANDBOOK OF MATERIA MEDICA AND HOMŒOPATHIC THERAPEUTICS. By Timothy F. Allen, A. M., M. D., LL. D., Professor of Materia Medica and Therapeutics in the New York Homœopathic Medical College and Hospital. Quarto: double column. Pages 1,165. Philadelphia: F. E. Boericke, 1889.

After many years of labor the author has been able to give to the profession a magnificent work. He has gone over the *Encyclopedia*, reviewing every symptom and comparing it with the original. To this revised material have been added.

most of the provings and many cases of poisoning which have accumulated during the past ten years, omitting only such as seemed to rest upon a doubtful basis or which would not be of any practical value. The selected material has been condensed in accordance with a uniform system, so that much vain repetition is avoided.

Each drug has been compared with a few of its allies and these comparisons are generally reliable.

The clinical sections are short and scattering, but are a real help so far as they go. In future editions this portion of the work will probably be enlarged.

Some valuable hints are given in the preface on "The Selection of the Remedy." The author says so truly, "that there is no specific for a disease, that the symptoms only of the sick are to be treated, and that these symptoms vary in each individual."

The publishers have done credit to this valuable work in the make-up. The book is printed with virgin type on linen paper, with a generous quarto page, and is tastefully and substantially bound. It makes a volume as large as Webster's Unabridged Dictionary, and should be to the faithful Homœopath what the dictionary is to the man of letters, a constant companion.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Consisting of original treatises and of complete reproductions, in English, of books and monographs selected from the latest literature of foreign countries, with all illustrations, etc. Volume III, Number 1, (July). Monthly, \$10.00 per year; single copies, \$1.00. New York: William Wood & Company, 56 and 58 Lafayette Place, 1889.

This number contains "Cancer and Cancerous Diseases," by Sir Spencer Wells, Bart., F. R. C. S.; "Cardiac Dyspnoea and Cardiac Asthma," by Dr. S. von Basch; "The Influence of Menstruation and of the Pathological Condition of the Uterus on Cutaneous Diseases," by Dr. L. Grellety; "Tension as met with in Surgical Practice; Inflammation of Bone; Cranial and Intra-cranial Injuries," by T. Bryant, F. R. C. S.; "Antisepsis and its Relation to Bacteriology," by Dr. J. Neudorfer.

From the first page to the last this volume holds the reader fascinated. As is characteristic of the whole series of

Monographs, the articles in this number are up to the times and to every intelligent and progressive physician should be familiar. It is almost sinful to neglect availing one's self of the vast amount of valuable literature which is dispensed in this series at such a low price.

LECTURES ON BRIGHT'S DISEASE. By Robert Saundby, M. D., Fellow of the Royal College of Physicians, London; Emeritus Senior Professor of the Royal Medical Society, etc. Illustrated. Pages 290. Price, \$2.75. New York: E. B. Treat, 771 Broadway, 1889.

In the first section the author deals with the general pathology of kidney diseases. He next treats of the clinical examination of the urine. Lastly, the history, etiology, treatment, etc., of Bright's disease are taken up and thoroughly dealt with.

The work is a concise and interesting volume and deserves to become popular in the bibliography of this important and serious disease.

The author gives an exhaustive list of references at the end of each chapter, and to crown the usefulness of the book, a complete index is added.

ON NEURALGIA; ITS CAUSE AND ITS REMEDIES. By J. Compton Burrett, M. D. Pages 133. London: The Homœopathic Publishing Company, 12 Warwick Lane, Faeernoster Row, E. C.

This work was written in the hope that its study may lessen the use of the number of hypodermic syringes now in active service for lulling this soul-wringing torment. Surely no trouble is so hard to bear as neuralgia, and a perusal of this valuable addition to our library will give key notes to many important remedies in the materia medica of this morbid condition. The author gives a number of clinical cases, both acute and chronic, with the treatment.

To make it useful as a reference book, the publishers have added a full index.

NOTES ON CONSUMPTION, AND ITS NEW TREATMENT. INCLUDING MEDICATED INHALATION. By Stammers Morrison, M. D., Licentiate of Royal College Physicians of London; Member of Royal College of Surgeons of England. Third edition, revised; pages 114. London: E. Gould & Son, 59 Moorgate St., E. C., 1889.

This is a first-class little work. It is readable for its brevity and crispness. Many valuable hints are thrown out

and many suggestions offered which are of inestimable value to the physician who is squarely abreast of the times.

The author gives indications for homœopathic remedies, methods of giving inhalants, and an outline of diet which should become familiar to all consumptives. The chapter for nurses is excellent.

THE MEDICAL GRADUATE AND HIS NEEDS. By George C. Wellner, M. D. Pages 100. Detroit: George S. Davis, 1884.

To the young physician about to embark upon his chosen profession, this little book gives many useful suggestions. The author urges method in all the acts of the physician. "Nothing in lieu of experience is of more importance to the young clinician than method."

A good idea of hospital courses and post-graduate studies is given, as well as are many valuable hints in regard to examining patients, etc.

The *Magazine of American History*, always good, is especially so this month. A portrait of Alexander Hamilton forms the frontispiece. The editor pays a glowing tribute to the memory of Mrs. Rutherford B. Hayes.

With the August number, volume seventh of the *Forum* is completed. Edward Atkinson has contributed another of his economic papers, "The Problem of Poverty." "Prohibition and License" is discussed by Senator John J. Ingalls. Price, 50 cents.

The *Popular Science Monthly* has its usual quota of valuable articles. "The Influence of Race in History," by M. Gustave Le Bon, is a translation from the *Revue Scientifique*. It is a well written article showing how the traits of individual nations have changed the world's history. The other papers are well worth careful reading and study.

ONE of our most highly valued exchanges is the Homœopathic Journal of Obstetrics, Gynæcology and Pædology, published by A. L. Chatteron & Co., 78 Maiden Lane, New York City. The editors aim to give their readers articles from the pens of the most eminent gynæcologists and obste-

tricians in the country. The July number is filled with rich, spicy papers. Price, \$4.00 per year.

The appearance of the *Scientific American* is ever hailed with delight. It is always filled with instructive and interesting things. The July 20th number has for a frontispiece a full page cut of the new U. S. cruiser Baltimore. There is also a good picture of Maria Mitchell as well as a concise sketch of her life. A nest-building frog is told about in an entertaining way by Nicholas Pike. Munn & Co., 361 Broadway, New York.

W. G. A. BONWILL, in the August *Lippincott*, gives his reasons for denying evolution. He first states Mr. Darwin's demand: "Demonstrate to me a complex organism that can be made in any other way than as I say by slow slight modification, and my argument falls to the ground." In reply to this the author says "I have duplicated by design and intelligence the most complex organ in the human body and made it perform the same function as the natural organ, and I can explain all the laws by which it was first designed and then made." He goes on to state that the human jaw was a special creation, not a "work of evolution." His measurements are interesting. The lower jaw is an equilateral triangle, and the six incisor teeth form the third of a circle or one arm of the equilateral triangle. Price, 25 cents. J. B. Lippincott Company, Publishers, Philadelphia, Pa.

WE are in receipt of the July 1st number of *Germania*, a fortnightly journal for the study of German language and literature. It will serve not only to acquaint its readers with the best of German literature, but will also teach the language to beginners. In each number is a continued novel from the pen of a standard German writer as well as shorter stories and poems. Sections are devoted to grammar, correspondence and book reviews. One of the most valuable features is the "Beginners' Corner" where the German is interlined with English, and one can tell at a glance the English equivalent for the German word. In studying a language in this way it is not necessary to devote

certain hours to a teacher, but it can be taken up at spare moments which occur in the busiest of days. The editors deserve to receive liberal encouragement in their work. Price, \$3.00 per year. Germania, P. O. Box 90, Manchester, N. H.

CORRESPONDENCE.

OUR LONDON LETTER.

DEAR COUNSELOR: For the American traveller, certainly no city in the old world possesses so many attractions as London. Although his reading may have led him to expect to see a large city, he can have little conception of the immensity of the world's metropolis until he has lived in it, and gone about in it daily, for weeks or months. And even then, he is ever and anon stumbling upon something new and interesting.

Doubtless there are very few of the one hundred thousand and more Americans that visit London this summer, who are not quite familiar with the history of Great Britain, both before and after the departure of their ancestors for the new world. Hence nearly everything they see, ancient or modern, has an historical interest far transcending that of the object itself. To be convinced of this, one has only to observe the hundreds of daily visitors at some such place as Westminster Abbey. They enter the great north nave; as they glance about them the changing expressions on their faces show that a flood of recollections is rushing in upon them, and they gaze, awed and motionless, upon the inscriptions which mark the final resting place of men and women great in war, politics, science and religion, until they are jostled by those coming in behind them, and reminded that they are only within the portal of the immense cathedral, whose great chapels, corridors and inscriptions, it will take a week to explore and decipher. One cannot note the interest thus manifested in things whose attractions are simply because of the old and sacred memories attached to them, without being impressed with the intelligence and erudition of the average American—for but a small per cent. of the pilgrims

will prove to be of other nationalities at this season of the year.

The same may be said of hundreds of other places, for Shakespeare, Scott, Dickens, Thackeray, Wren, and hundreds of others, have made innumerable localities and things immortal, by association and description.

To the American student of medicine, its attractions are not less than to the sight-seer. It is to him what Italy is to the painter or sculptor; what Palestine is to the divinity student; or what Paris is to the linguist, diplomatist, or man of fashion. Here he finds the most populous city in the world; giving him access to a greater quantity and variety of clinical material than he can obtain elsewhere. But this is not all,—he finds here, also, clinicians and teachers, as well as patients, who speak his own language; and as the vast majority of Americans speak only English, this advantage over other like clinical centres can hardly be overestimated. For him who has only three to six months at most, to spend in Europe, the time spent in acquiring either French or German, or both, is largely wasted. If he come *merely* to observe, he doesn't need them, hence, it is useless to acquire them, unless they can be utilized in some other way; and if he come to study or listen to lectures, it is quite obvious that the time spent in acquiring a foreign language might far better be spent in preparation for the advanced and practical work which he seeks in the older centres of learning. Of course, if he has plenty of time and money at his command, it is quite a different matter.

London has no end of great physicians and surgeons, who are equally fine teachers, and it is difficult to see how the hospital advantages can be excelled. The greatest hospitals, among which may be mentioned Guy's, St. Bartholomew's, King's College, University College, St. Thomas', Middlesex, Westminster, St. Mary's, Royal Free, Charing Cross, and St. George's, have schools in connection, and are of importance, I think, in about the order named. In number of students "St. Barth's," as it is called, ranks them all, having this year over 700 students,—it is also the oldest and wealthiest. Guy's is next, probably, both in number of students, and in equipments. Each of these has a magnificent pathological

and anatomical museum, such as could only be secured by having great resources to draw from, and after the lapse of many years.

It would be useless to refer to the many celebrated gentlemen who are connected with the various staffs, medical and surgical; the names of many of them are familiar as household words in our own country, and I find it a very great pleasure to visit the clinics of men whose writings I have read and consulted, more or less for years.

Besides the numerous *general* hospitals, which I must not take space to refer to, there are vast numbers of *special* hospitals—for diseases of the chest, diseases of women, cancer and skin hospitals, orthopædic hospitals, ear, nose, and throat hospitals, eye hospitals, etc., etc. Of the latter, the "Royal London Ophthalmic," generally known here as "Moorfield's," is the largest and best. It is the greatest eye hospital in the world, in fact. Its clinic averages from 300 to 600 patients daily, and in it may be seen every disease peculiar to the eye. It has from three to four chief surgeons in attendance daily, besides their first assistants, and numerous sub-assistants, among whom may be classed the large number of practitioners who come hither from all parts of the world for instruction and practice in this special department of surgery. Part of its staff is made up of the chief-oculists in the ophthalmic departments of the general hospitals above mentioned, nearly all of whom are the authors of various text-books on diseases of the eye, and inventors of numerous ophthalmic instruments. Among the first assistants are men celebrated as eye specialists, some of whom have been regular in their attendance at this and other eye hospitals for 15 to 20 years, and who are themselves authors of some of the best books and originators of some of the best instruments now in use.

Two of the chief surgeons, Mr. Lawson, surgeon to the Queen, and Mr. Couper, are said to have very large professional incomes—perhaps the largest in the city—being from \$100,000 to \$125,000 each, per annum. Another younger man, but one very popular and rapidly rising into prominence, is Mr. Wm. Lang, also ophthalmic lecturer and surgeon to the Middlesex College and Hospital. He is the

writer of the portion of the "Medical Annual" (reviewed in the May COUNSELOR) devoted to diseases of the eye.

Among the first assistants worthy of especial mention is Mr. A. Stanford Morton, author of an excellent little book on "Refraction of the Eye," and inventor of the best and most convenient ophthalmoscope known to the profession. By the way, he said to me the other day that he had very recently given Meyrowitz Bros., of New York City, permission to manufacture and sell it in America, so that if any reader of the COUNSELOR should desire he will doubtless be able to receive one ere long.

There are many other *eye* hospitals, of course, besides Moorfields, and the ophthalmic departments in the various college hospitals are excellent also.

Among the latter is that of Westminster hospital to which Mr. Juler, author of the book so extensively used in our own country, is surgeon. Through a mutual friend I had the pleasure of forming his acquaintance and attending his clinics, and find that the high opinion I had formed of him from reading his book is confirmed upon seeing him operate. The most recent work on the eye here (just published) is by Berry, of Edinburgh, and it resembles "Juler" very much both in size and contents, and sells at the same price.

It is a peculiarity of England, I believe, that the ear clinics are invariably associated with those of the nose and throat. It is in fact, more naturally so than with the eye, as is the custom in America. Such a large per cent. of ear affections in this and our own climate, are simply extensions from catarrhal and other diseases of the nose and throat, that their treatment goes hand in hand. The most noted of the throat, nose and ear hospitals here, are the Central London, and Golden Square. The latter was founded by Sir Morrel Mackenzie, and has, perhaps, the greater reputation, but after attendance upon both I see little to choose between them. Each has a fine staff and a very large daily clinic.

I think I intimated in my last that I would have something to say this time concerning homeopathy in England, and I have, a great deal; but I have unconsciously spun this out to such length that I must forbear writing more

now, and I am likely to please others beside myself in so doing. I shall have all the more to say about it in the future. I am as yet in utter ignorance as to the result of society and college matters at home, and for one who has been accustomed to follow medical events so closely, it is hard to become reconciled to such a state of things.

Yours truly,

D. A. MCLACHLAN.

33 Montague Place, W. C., London, Eng.

COMMUNICATION.

MORTALITY AND VITAL STATISTICS FOR THE ELEVENTH CENSUS.

DEPARTMENT OF THE INTERIOR, CENSUS OFFICE, }
WASHINGTON, D. C., May 1, 1889. }

To the Medical Profession: The various medical associations and the medical profession will be glad to learn that Dr. John S. Billings, Surgeon U. S. Army, has consented to take charge of the Report on the Mortality and Vital Statistics of the United States as returned by the Eleventh Census.

As the United States has no system of registration of vital statistics, such as is relied upon by other civilized nations for the purpose of ascertaining the actual movement of population, our census affords the only opportunity of obtaining near an approximate estimate of the birth and death rates of much of the larger part of the country, which is entirely unprovided with any satisfactory system of State and municipal registration.

In view of this, the Census Office, during the month of May this year, will issue to the medical profession throughout the country "Physician's Registers" for the purpose of obtaining more accurate returns of deaths than it is possible for the enumerators to make. It is earnestly hoped that physicians in every part of the country will cooperate with the Census Office in this important work. The record should be kept from June 1, 1889, to May 31, 1890. Nearly 26,000 of these registration books were filled up and returned to the office in 1880, and nearly all of them used for statistical purposes. It is hoped that double this number will be obtained for the Eleventh Census.

Physicians not receiving Registers can obtain them by sending their names and addresses to the Census Office, and, with the Register, an official envelope which requires no stamp will be provided for their return to Washington.

If all medical and surgical practitioners throughout the country will lend their aid, the mortality and vital statistics of the Eleventh Census will be more comprehensive and complete than they have ever been. Every physician should take a personal pride in having this report as full and accurate as it is possible to make it.

It is hereby promised that all information obtained through this source shall be held strictly confidential.

ROBERT P. PORTER, Superintendent of Census.

SOCIETY REPORT.

MAINE HOMŒOPATHIC MEDICAL SOCIETY.

The 23rd annual meeting of the Maine Homœopathic Medical Society was held in Augusta, Tuesday, June 4th. President J. H. Knox, of Orono, called the assembly to order and thirty members responded to the roll call.

For the Bureau of *Materia Medica*, Dr. Huldah M. Porter read an interesting paper on "Mercurius," followed by Dr. M. S. Briry, of Bath, on "Nitric Acid in Diphtheria." And Dr. W. F. Shepard, of Bangor, on an "Abridged *Materia Medica*."

AFTERNOON SESSION.—The Bureau of Clinical Medicine reported papers by Dr. D. C. Perkins, Rockland, on "Cholera Infantum," Dr. J. M. Prilay, of Bangor, on "Typhoid Fever," Dr. J. C. Ganett, of Yarmouth, on "Cholera," and Dr. Caroline F. Brooks, of Brunswick, on "Care of Infants." Free discussion followed.

For the Bureau of Surgery, Dr. W. B. Perkins, of Bridgton, read a paper on "Modern Surgery." This paper elicited free debate on the subject of Antiseptic Surgery.

The Bureau of Ophthalmology, Otology and Laryngology presented a paper by Dr. H. C. Jeffords, of Bangor, on "The Preventive Treatment of Myopia." Dr. G. E. Heath related a case of foreign body in the ear and gave comparison of indications for the use of aconite and belladonna.

For the Bureau of Gynæcology, Dr. J. W. Whidden, of Portland, read a paper on "Laceration of the Cervix Uteri."

EVENING SESSION.—Was devoted to obstetrics, papers being read by Dr. Cora M. Johnson, of Skowhegan, on a case of "Cystocele

Complicating Labor," and Dr. W. S. Thompson of "Edema of Anterior Portion of Cervix Uteri Complicating Labor."

The following officers were elected: President, Dr. J. W. Whidden, of Portland; first vice-president, D. C. Perkins, M. D., Rockland; second vice-president, W. F. Shepard, M. D., Bangor; secretaries, Dr. J. C. Gannett, Yarmouth, and Dr. F. A. Gushes, Appleton; treasurer, Will. F. Thompson, M. D., Hollowell.

Next meeting of the Society will be held in Bangor in 1890.

VARIOUS TOPICS.

THE *Chicago Medical Times* is responsible for the statement that a strong infusion of capsicum applied immediately after a bruise will surely prevent the infiltration of the tissues. It is a sure cure for black eye.

In medicine, says the *Medical Era*, the nearest approaches to specifics for disease are quinine for malaria and mercury for syphilis, both exemplifications of the homœopathic law of cure. Our system of materia medica affords many other minor examples. And these are as true to-day as they were fifty years ago. Homœopathy need not blush for what it has not done; what it has done is a sufficient monument.

A NEW PTOMAINE.—Dr. Hoffa has extracted from the bruised tissues of a rabbit which had died of Koch's septicæmia, a substance having the composition of methylguanidin, $C_2 H_7 N_3$. When injected into the lymphatics of rabbits this gives rise to the symptoms of septicæmia, and causes death in a short time with dyspnoea and convulsions. This substance is not present in the tissues of healthy animals, and is probably produced by the oxidizing action of bacteria on creatinine. Dr. Hoffa has isolated in the same a manner substance with the formula $C_2 H_6 N_2$ in animals dead of splenic fever.—*Berliner Klinische Wochenschrift*, June 17, 1889. [P. J. R.]

IN ALL civilized countries the law holds a physician criminally responsible, when, by the neglect to use reasonably proper means to cure his patient, the patient dies, and charges of alleged malpractice are not infrequent in the criminal courts. Laying aside differences of opinion on fine points, which will always exist, the medical profession is fairly well agreed as to the main lines of treatment or of operative interference in many forms of injury or disease, and would regard any ignorant or unjustifiable departure from these lines as constituting malpractice. The value of the anti-septic method of surgical treatment is now so universally recognized, although in its modern form it is of quite recent origin, that

the administrators of the law are now forced to consider seriously whether the neglect of antiseptic precaution in the treatment of injuries, is not to be regarded as criminal, if the injured person die apparently from such neglect.—*Dr. Matthew Hay, in Medical Era.*

RESECTION OF THE LIVER.—At a meeting of the Sixth Congress of Italian Surgeons, Dr. Roggi, of Bologna, reported the following case of resection of the liver. The patient, a female, was admitted into the hospital November 29, 1888, with a tumor in the right hypogastric region, which was covered by loops of intestines. A diagnosis of double echinococcus cyst was made, and at the operation two enormous echinococcus cysts were found, one anterior and superficial and the other more deeply situated. Roggi enucleated the tumors, which weighed 1300 grammes. As it was impossible to suture the margins of the large wound cavity, he resected a piece of the liver, eight centimetres in length, and arrested bleeding by means of catgut suture. The edges of the wound cavity in the liver were then united to the abdominal wound. During the first days following the operation the dressings had to be frequently changed, owing to the escape of bile from the wound. Gradually the secretion diminished and the patient was discharged cured. In the discussion which followed Dr. Ceccherelli stated that he had found by experiments on animals that one-third of the liver may be resected without causing the death of the animal.—*Wiener Medizinische Presse.*

MEMORANDA.

SIERRA City, Cal.. wants a lady Homœopathic physician.

AN epidemic of trichinosis has been raging at Lille, France. The pork eaten was undercooked.

IN Missouri it is a felony for a physician to prescribe liquor except in cases of actual sickness.

DR. GRISSAM, of the North Carolina Insane Asylum, is being tried on charge of cruelty and immorality.

THE piers and sewers of New York City have been inspected, and the much needed purification may result.

AN unsuccessful attempt has been made to establish, at Munich, an infirmary for electricity and mind-cure.

A RECENT decision of the Surrogate has been made to the effect that, as a matter of law, the indulgence in the opium habit, even

though to excess, cannot be considered sufficient to establish want of testamentary capacity.

THERE is not a professor of gynecology nor a special hospital for the diseases of women in the whole of France.

SEVERAL Milwaukee physicians have formed a league, agreeing to use the "safety" bicycle in making visits, especially in the night.

A DISPATCH from Bombay, India, says that a Brigadier-General of the British army, stationed in Madras, has been attacked with leprosy.

THE habit of drinking ether as an intoxicant is said to be increasing rapidly in Ireland. It is recognized as becoming a cause of insanity.

THE CZAR of Russis keeps in constant attendance thirteen court physicians, five court surgeons, two oculists, one dentist, and four medical specialists.

THE guardianship of the young Emperor of China is entrusted to an American physician. Dr. Horace Mason Perkins, formerly of Higham, Mass., holds that distinguished position.

CORNERD beef has been doing its work again. This time Findlay, Ohio, is the afflicted place. Thirty-one persons were poisoned on June 22, and it is feared some of the cases will prove fatal.

A CUBAN physician, Dr. Hoyos, in a severe case of postpartum hæmorrhage, stopped the flow by introducing his hand into the uterus and applying forcible pressure on the abdominal aorta.

AN example which should be followed by all other railroads has been set by the Pennsylvania road. It requires all its passenger coaches to be thoroughly cleaned and disinfected at least once a week.

A TESTIMONIAL has been given Dr. Alfred C. Pope, the senior editor of the London *Homœopathic Review*, by his friends in America. That the feeling of regard is sincere is vouched for by the fact that \$300.00 in cash accompanied the testimonial.

WE are in receipt of the eleventh annual announcement of the College of the New York Ophthalmic Hospital. To physicians

wishing to take a post graduate course, on the eye and ear, this institution offers unexcelled advantages. It has, in its clinic, an average daily attendance of over 200 patients. To its graduates is given the degree "Oculi et Auris Chirurgus."

FRIERE, of Brasil, has inoculated 9,083 persons with the attenuated virus of yellow-fever. Of this number only two-tenths of one per cent. have died of the disease, while among a similar class not protected by inoculation the mortality has been large. Friere is supported by many of the most prominent physicians and the inoculations are endorsed by the Brazilian government. Our own government should look into the matter more thoroughly.

In addressing the students of Yale Medical School, Prof. H. C. Wood, of Pennsylvania, surprised his audience by classing Homœopathy with quackery and charlatany and proceeded at some length to denounce the School. Dr. Harlyn Hitchcock, of New York, editor of the *Journal of Homœopathics*, has publicly challenged Prof. Wood to bring forward the proof of the assertions he has made and offered him the pages of the *Homœopathics* as the battle field.

THE bill in the Florida Legislature, establishing a State Board of Health, through the efforts of Dr. H. R. Stout and other members, has been amended by the following addition:

Provided, That the Governor of the State of Florida shall, as soon as practicable, appoint one Board of Homœopathic Medical Examiners for the State at large, which appointment shall be in writing, under the seal of the State, and delivered to such persons appointed.

THE typhoid fever epidemic in Melbourne and the demand for more hospital accomodation has led to the compiling of comparative tables of the numbers treated and the results at the different hospitals. These are the figures the first three months of this year:

	No. of beds.	No. of cases.	Deaths.	Per centage.
Melbourne Hospital.....	318	431	78	18.1
Alfred Hospital.....	144	324	50	15.4
Homœopathic Hospital.....	60	305	22	7.2

Not only did less die, but with fewer beds, so short was the course of the disease that almost as many cases were treated as in the other hospitals. These figures speak for themselves.

THE Florida State Board of Health has published rules for the guidance of county, town, and other officers, as well as for the instruction of individuals. They authorize the destruction of infected property, enforce house-to-house inspection in cities and towns

once a month, compel the adoption of a sewerage system in all municipalities of 10,000 or more inhabitants, and require special monthly reports during May, June, July, August, September, and October. The regulations for quarantine and disinfection along the seaboard are all very strict, but the money at present available is insufficient, and application is made to the Government at Washington for such aid and coöperation as may be lawfully given.

THE sea of medical science is blown into enormous waves by the alleged discovery of the longed-for potion which will give to man perpetual youth. Since Ponce de Leon sailed from Porto Rico, to find in the newly discovered country the fountain in which the wrinkled old cavalier would bathe and be young again, have men been seeking to find the elixir of youth. This time it is no less a personage than the president of the Biological Society of Paris, M. Brown-Séquard who gravely asserts that he has extracted a liquid from the testes of animals, which, when injected into other animals or man, rejuvenated them and removed the infirmities of age.

He has given some attention to the subject since 1869. Numerous dogs were experimented upon and at last the right formula was discovered, an old, broken-down dog was endowed anew with the friskiness of comparative youth. More recently M. Brown-Séquard has pursued his inquiry by means of experiments on himself, employing subcutaneous injections of blood from the spermatic veins of a young guinea-pig, mixed with the juice obtained by crushing its testicles and with a little water. The results were astonishing and the famous old scientist was once more able to do all those things which belong to the life of a young man. The constipation, from a senile paresis of the large intestine was overcome. Urination became strong, thoughts flowed freely and he was able to work in his laboratory for hours at a time. He felt himself to be at least thirty years younger and re-established in all his pristine vigor. All this was the result of fifteen injections.

At the time of his report two weeks had passed since the last injection and none of his regained years had been lost.

In our own country, Dr. W. A. Hamilton, of Washington, since the report of M. Brown-Séquard, has been experimenting upon an old man, decrepit to an extreme degree. The quick results have been astonishing and gratifying to the doctor.

Dr. Variot, of Paris, has also taken up the work, so we will soon know the true value of the discovery. It will, of course take months to complete the work, but perhaps in a year or two it will be possible for man to extend his life over a period of centuries instead of years. H. Rider Haggard may have been gifted with foresight instead of a vivid imagination in the production of his widely read "She."

PERSONALS.

Married: At Kansas City, Mo., June 5th, Dr. Wm. D. Gentry to Miss Nannie Lay Hughes.

Dr. J. G. Gilchrist has been given the honorary degree of A. M. by the Board of Regents of the State University of Iowa. It is a well deserved honor.

Dr. J. N. Ayres, U. of M. '89, has located at Kalamazoo with his father, Dr. J. S. Ayres. We trust the new firm will do a thriving business. Our best wishes go with it.

Mr. A. J. Tafel, the well-known homœopathic pharmacist, has been appointed by Gov. Beaver, of Pennsylvania, a member of the Board of Examiners provided for by the pharmaceutical law recently enacted in that state.

W. A. Cotton, M. D., U. of M. '89, has taken Dr. Reynolds' practice at Escanaba, Mich. While we regret the necessity of Dr. Reynolds' retirement on account of poor health, we are sure Dr. Cotton will do credit to himself and the profession in his chosen field.

The new chair of Ophthalmology, Otology and Pædology created by the last legislature will be ably filled by Prof. D. A. McLachlan. Doctor McLachlan has long had a predilection for eye and ear work and for the last three years has devoted much of his time to it. He is now in Europe fitting himself for the specialty. Those who know the doctor (and as the indefatigable editor of the *COUNSELLOR* who does not know him) will have no fear of his success in his new departure.

Two of the standard bearers of Homœopathy in the old world have visited their last patients. Dr. Carl Heinigke, late head physician to the Homœopathic hospital of Leipzig, died March 19th. Dr. Don Salvio Almato y Ribera, one of the editors of *El Consultor Homeopatico*, died during the same month. He enriched the Spanish homœopathic literature by many translations, including two editions of Hughes' *Pharmacodynamica*.

Dr. Bushrod W. James, of Philadelphia, has been tendered the professorship of the chair of physiology, sanitary science and climatology in the New York College and Hospital for Women, a department of the University of New York. Dr. James is well known to members of the profession, as he was at one time President of the American Institute of Homœopathy. He has always taken a deep interest in sanitary science and the study of climate, and has lately written an important work upon "American Resorts and Climates." We congratulate the college upon the choice of so excellent a man.

The faculty regret exceedingly that circumstances have compelled Prof. Arndt to resign his professorship of *Materia Medica* and Therapeutics. The health of his good wife is such as to make it unsafe for her to live in Michigan climate, and the Doctor has for her sake sought the genial breezes of the Pacific. Professor

Arndt is in every sense of the word a *teacher*, and there is no more able or scholarly lecturer on *Materia Medica* in the United States. His earnest and sincere devotion to the work, his loyalty to the school and to the *truth* made him much beloved by colleagues and students. What is our loss is California's gain.

Prof. Chas. Gatchell, M. D., of Chicago, the well known author and teacher, has been re-appointed to the Chair of Theory and Practice in the Homœopathic Department of the University of Michigan, vice Prof. D. A. McLachlan, who takes the new Chair of Ophthalmology, Otology and Pædology. Doctor Gatchell is too well known to the profession to require any introduction, and the University of Michigan is to be congratulated upon persuading him to return to the college to which he devoted two years of earnest, hard and effectual work during its early history. Doctor Gatchell is now president of the Homœopathic Staff of Cook County Hospital, and has won a brilliant reputation as a clinical lecturer. As editor of the *Era* he has made that journal one of the foremost of our school, and it now wields a power, owing to his energy and unremitting efforts, second to no other. Those of the older alumni who had the pleasure of listening to the able lectures of Prof. Gatchell during his early career as a lecturer will no doubt rejoice with the faculty upon his return to his first love, bringing to their *Alma Mater* years of ripe experience and a well deserved reputation as a writer and teacher.

Dr. Charles S. Mack has been secured to succeed Prof. Arndt. Dr. Mack, before entering the medical profession graduated at the Phillips Exeter academy, and later on at Harvard, receiving from the latter institution the degree of B. S. He obtained his M. D. degree from the University of New York, after three years of study. After graduating in medicine he served one year on the staff, and as house surgeon of Mount Sinai Hospital; he then accepted a similar position in the Emergency Hospital and served another year's apprenticeship as house surgeon. After serving his time in these two institutions he was examined with about forty others by the Civil Service Reform Bureau, and received an appointment on the New York Board of Health. Becoming interested in homœopathy at this time, Dr. Mack presented his resignation to the Board and entered into partnership with a physician having a large practice in Cold Spring, New York. Later on he removed to Boston and served for three years on the staff of the West End Homœopathic Dispensary, and of the Burroughs Place Homœopathic Dispensary. Later on he removed to Chicago in order to be with an aged mother where he has been for the last year. Professor Mack is an ardent homœopath, a fluent speaker, a clear and logical writer and will bring to college that strength which comes to him who thoroughly fits himself for the career of a physician and who possesses that vigor of manhood which belongs to middle age.

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ARTICLES IN MEDICINE.

OPHTHALMOLOGICAL NOTES.

BY H. H. CRIPPEN, M. D., SAN DIEGO, CAL.

There have been a number of opinions on the pathology and pathogeny of chalazion. These fall naturally into three classes: 1. The theory which considers the affection as a simple cyst by retention of the secretion of a Meibomian gland. 2. That which considers the inflammation of the tarsal cartilage as consecutive to the irritation of micrococci developed in the epithelial débris of the gland. 3. The supposition which admits that the tumor develops outside the tarsal cartilage in the cellular tissue of the region and that it is wholly independent of the Meibomian apparatus.

That this last is a mistaken idea will be shown presently. The other two theories approach nearly to the truth, but not wholly. Within the past year Dr. Felix Lagrange* has been making pathological studies which change somewhat the aspect of these opinions. His work is based on the examination of fifteen specimens of chalazion, microscopically studied, both with regard to their contents and as to the containing sac and surrounding tissue. However interesting his description of the various microscopical appearances we

* Archives D'Ophthalmologie. Mai-Juin 1889.

must limit ourselves to the following conclusions which may be drawn from his work :

1. Chalazion comprises three periods in its development: (a) Retention of epithelial products in the Meibomian gland; (b) Consecutive adenitis and periadenitis, destruction of the tarsal cartilage; (c) Projection of the tumor under the conjunctiva (internal chalazion) or on the cutaneous side (external chalazion).

2. The contents of the chalazion consists of embryonal cells and of epithelial débris in small quantity. 3. This epithelial débris contains some round micrococci, visible in the epithelial cells, or by the side of them. 4. The embryonal cells do not contain any micrococci. 5. These micrococci appear to play a very secondary rôle in the pathology of the affection. 6. Giant cells do not exist in the morbid tissue; its structure is exactly that of granulation tissue. 7. External chalazion may attain a considerable size and resemble a subcutaneous neoplasm; but it is always in contact with tarsal cartilage and always proceeds from an adenitis of the Meibomian apparatus.

* * *

In an endeavor to analyze the physiology of intraocular secretion and excretion W. Nicati has reached the conclusion that the eye contains a true glandular apparatus.* According to his researches this gland comprises: 1st. *A glandular epithelium*, which extends from the *ora serrata* to the origin of the iris. That is, it covers the ciliary portion of the globe; 2d. *A capillary network*, which extends posteriorly to the optic nerve, the *chorio-capillaris (membrana Ruyschiana)*; 3d. *An arachnoid*, surrounding the aqueous humor, the layer of Sattler and its prolongation in the ciliary processes; 4th. *Excretory canals*, comprising the space between the epithelium and the zonule, and the openings of the ligament of the crystalline in the depth of the ciliary processes; 5th. *A muscular apparatus*, the choroid with the radiated portion of the ciliary muscle; 6th. Finally *an apparatus of innervation*, comprised in the iris, the ciliary nerves with their ganglionic cells and the ophthalmic ganglion.

The secretion of this gland is only perceived with diffi-

* Recueil D'Ophthalmologie. Juin, 1889.

culty under ordinary conditions, but it is produced with abundance when the aqueous humor is evacuated by puncture or by compression, and when a certain quantity of the vitreous is evacuated, in every condition, in other words, when the internal pressure of the eye is lessened. It is then a reflex secretion; its product is the aqueous humor.

Intracranial section of the trigeminum is without effect on this secretion. Section of the ciliary nerves lessens it. Total ablation of the iris dries it up. We may conclude, then, from these three experiments that the ophthalmic ganglion, from which the ciliary nerves arise, is the principal reflex center, the intra-ocular ganglia constituting secondary centers, and that the iris is the peripheral seat of the reflex. The rôle of the cilio-choroidens muscle will be to compress the vascular trunks, that is especially the veins, with their less resisting walls, and provoke a capillary engorgement favorable to the issue of an abundant serosity. Thus we find these various structures constituting all the parts of an automatic regulator of the ocular pressure, with the iris to take note of the peripheral changes, to transmit these changes to the ganglia (the executors), and finally the muscle and gland upon which this reflex impression acts to provoke secretion.

A pathological œdema of the chorio-capillaris constitutes *glaucoma*, of which the access is a spasmodic phenomenon. In conclusion, it is supposed that iridectomy modifies this œdema by making a sort of drain from the depths of the gland and by putting it in direct communication with the anterior chamber. This is an incontestable advantage over sclerotomy.

HOW TO DRESS OUR BABIES.*

BY L. C. GROSVENOR, M. D., CHICAGO, ILL.

I wish to interest you to-day in a more humane and healthful method of dressing our babies.

A few years ago, when attending at the birth of a child, I chanced to be the only *old lady* present competent and willing to make the little one's first toilet.

Now, when we old ladies of the male persuasion attempt

* Delivered before the American Institute of Homœopathy, 1889.

to do anything, we like to do it well. I got along nicely with the bath, but when the wardrobe was brought in, it set me thinking again, as it had done many times before, upon the very inconvenient and harmful way in which we dress our infants.

In the first place, here was a little bandage to go two or three times around the body over the navel dressing, and to be pinned with four pins—and you know it is customary to wear this until the child goes into short clothes, or even through the second summer. Now, the Creator has made the abdominal wall elastic for a purpose—to accommodate itself to the varying conditions of the child's digestion. If it has a full meal the wall is large enough, and if it has eaten little it is none too large. If there is wind in the bowel the abdomen distends and gives it room till it can find its way through sixteen feet of convoluted intestine. The bandage destroys all this elasticity and defeats the Creator's plans in the matter.

"But," say the old ladies, "we *must* put on a bandage and put it on snugly, or the baby will be ruptured, or big-bellied and all out of shape." Nonsense! Nature does not do her work in such a careless way.

When the infant cries lustily this elastic wall distends evenly in all directions, and if not bandaged seldom ruptures. It is the bandaged babies who rupture.

Let us see! The band was well applied in the morning, but in the constant motion so characteristic to the young of all animals, it is partially displaced, compressing a portion of the abdomen, but exposing the umbilicus, which now has to take the whole pressure, and bursts, and we have an umbilical hernia. "But," says the grandmother or nurse, "I do not apply the band in any such careless way. I adjust it evenly and put in four pins, the lower one through the diaper to hold it down." What happens now? The child cries, and the chance of distention being gone, he ruptures into the scrotum if a boy, or in the femoral region if a girl—surely not a very desirable condition.

No. I would dress the navel with a pad of absorbent cotton and a light band held by two pins, just enough to retain the navel dressing, and discard the band when the navel dressing comes off.

The matrons and nurses will oppose this encroachment upon time-honored customs, but a little tact and explanation will win them to your way of thinking. I have seen only one ruptured baby in twenty years among the unbandaged.

The next article I came across was a little shirt, made of linen—the coldest goods in the world—starched stiff at that, and having saw-teeth around the neck to keep the baby irritable. Surely this should have no place in the infant's wardrobe. It is neither comfortable to the child, nor convenient to the mother.

Then came the pinning blanket, one of the most uncomfortable and unhealthy garments ever invented. Let us see: The chest wall is made to expand and contract at every inspiration and expiration. The ribs do not pass around the body like a barrel hoop, but curve downward and, upward from the sternum to the spine in such a way as to favor this expansion and contraction—and we put on this pinning blanket, whose band is made of unelastic material, close up under the arms, and pin snugly—over two fingers is the old rule—and so spoil all the expansive power of the chest during the first weeks and months of the infant life. We forget that within these thoracic walls are great vital organs, which, during these beginnings of life, should have the freest play. Who shall say that much of the Phthisis pulmonalis and other lung diseases which scourge our land have not one, at least, of their predisposing causes right here. But I have another indictment against this absurd pinning blanket. One side is folded over one limb and the other over the other, and then the bottom is folded upon the thighs and pinned so that the little one cannot move a limb, at which he cries, and we say Colic! and commence to dose him. This garment is an abomination and should be thrown away.

After this comes the skirt, which has the same objection as the pinning blanket—tightness about the chest. Another objection I have to all these is that they clothe the chest warmly and leave the shoulders with only a slight covering of muslin—the dress. How a more uncomfortable, unphysiological, or inhuman dress could be invented I can hardly

see. The attention of the Humane Society should be called to it.

While I am aware that it is easy to find fault, but not so easy to show a better way, I am confident I can give you something infinitely better, in "The Gertrude Baby Suit,"* entirely free from all these objections, perfectly healthful and beautiful, and *very* convenient to the mother using them; then, too, the baby now handles like a baby.

The under garment should be made of nice fleecy goods—canton flannel is the best we have at present—cut princess, reaching from neck to ten inches (twenty-five inches long) below the feet, with sleeves to the wrists, and having all the seams smooth and the hems at neck, wrist, and bottom upon the outside—the latter turned over once and felled or cat-stitched with colored worsted—a tie and one button behind. Here you have a complete fleecy-lined garment, comfortable and healthy, and one that can be washed without shrinking. The next garment is made of baby flannel (woolen), also cut princess, same pattern only one-half inch larger, reaching from the neck to twelve or fourteen inches below the feet—to cover the other—with generous armholes, pinked or scalloped, but not bound, and with two buttons behind at the neck, and may be embroidered at pleasure. The dress cut princess to match the other garments is preferable.

The ordinary baby dresses are all right except that I would have them only from thirty inches to a yard in length.

Now, these three garments are put together before dressing—sleeve within sleeve—and then are put over the little one's head at once and buttoned behind and the baby is dressed, there being but *one* pin—a diaper pin—in baby's dress instead of *fifteen*. No shoulder blanket should be used, because it is sometimes over the head, sometimes about the shoulders and neck and sometimes off entirely, and these changes are exposures. Accustom the little one from the first to go without it.

At night the dress should be simply a canton flannel

*This suit takes its name from my own little daughter, Gertrude, for whom it was designed, some years ago, and who helped beautifully to illustrate my parlor talks on this subject.

night-dress and a diaper—the dress being not unlike the under garment in the suit, only a little longer. It is absurd to think that a child can rest sweetly in a diaper, a bandage, a pinnig blanket, a skirt and a double gown, as many a child is expected to do. A good rule is to “dress the little ones as you would love to be dressed if you were a babe.” There is nothing wonderful about this simple dress. The only wonder is that we have dressed our little ones so badly so long.

If your husband and I were to go into business together, we would sit down and calculate and say: How can we obtain the best results with the least outlay of money or labor, and make our business abreast of the freshest thought of to-day? But when our young mothers go into the business of dressing their first little one, they do not ask, “How can I dress the child best in the physiological light of to-day? How can I dress it so that it will be perfectly comfortable and healthy? How can I dress it with the greatest ease and comfort to myself?” but “How did my grandmother do this?” So they go back fifty years for their models. All honor to our grandmothers; they did beautifully in the light they had,—but if our girls of to-day do not do better than their grandmothers, they do very badly. The main advantages of this method are:

1. Perfect freedom to all thoracic, abdominal and pelvic organs.
2. That all the clothing shall hang from the shoulders.
3. The greatest saving of the time and strength of the mother in caring for the babe, there being one pin instead of fifteen.
4. The resulting health and comfort of the child.
5. The evenness of the covering of the body, there being the same covering over the shoulders as elsewhere.

Let us make the physical life of our babies so perfect and happy as to realize the words of Wordsworth: “Heaven lies all about us in our infancy.”

THE prospects for a large class in the Homœopathic Department, University of Michigan, were never better. Address Dr. J. C. Wood, Ann Arbor, Mich., for Announcements.

PATHOLOGICAL ANATOMY OF THE NERVOUS SYSTEM.

BY DR. DÉJERINE, PARIS.

Translated by S. LILIENTHAL, M. D., San Francisco, Cal.

In studying this subject we learn that we must know the exact point of the lesion. The vascular, parenchymatous, or connective alterations of the central nervous system develop themselves under the same influence as in other organs or tissues, and here we find the same thing whether the kidney, liver or brain is affected, but in the brain the symptomatology of this lesion varies more or less according to the location of the trouble in the brain or cord, for example: the cerebral softening is the consequence of an arrest in the arterial circulation of a more or less extended portion of the brain mass, caused probably by a thrombus or embolus, and this cerebral infarct follows the same mechanismus, as a pulmonary, renal or any other infarct. But, though the pathogenesis is the same, the symptoms vary: in splenic infarctus hardly any symptoms; in renal or pulmonary infarct the symptoms are always the same, no matter which part is affected. In the former hematuria, in the other hamoptoc, with more or less dyspnœa. In cerebral infarct, on the contrary, the symptoms differ greatly according to the point attacked, in one case hemiplegia, in another aphasia, motor or sensory, or mental troubles or general or localized loss of sensibility, or finally the softening is not recognized during life, having attacked such portions of the brain where our differential diagnosis is still very limited. We might also acknowledge that during life one might often find it difficult to differentiate between softening and hemorrhage. We meet a case of hemiplegia, but we remain in doubt about the nature of the lesion, except where the concomitant presence of a motor or sensory aphasia permits us to diagnose softening. In fact we know that cerebral hemorrhage is rarely cortical, and therefore the symptoms differ.

The same holds good in relation to the spinal cord. Here a sclerosis, like in all other organs, may be of vascular or of parenchymatous origin, in the former a hyperplasia around the arterioles, which are at the same time altered and around these vessels the proliferation takes place. In parenchyma-

tous sclerosis, on the contrary, this proliferation happens around the elements constituting the tissue, and in consequence of this prolonged irritation an inflammatory reaction sets in in the connective tissue, leading to a fibrous transformation, more or less complete, of the affected organ.

Let a kidney be affected by sclerosis, whether vascular or parenchymatous, the symptoms differ very little, we will have a functional suppression, more or less complete, of the organ, in the kidney as interstitial nephritis, showing itself by polyuria, albuminuria, by cardiac symptoms and uremia. But in sclerosis of the spinal cord the symptoms will differ according to the localization of the sclerosis, and we may see the clinical symptoms of a *sclerose en plaques* or of a transverse myelitis, of locomotor ataxia, or of Friedreich's disease. In the first disease the medullary sclerosis is of vascular origin and more or less diffuse; in the second it is of parenchymatous origin and a system affection. This division of sclerosis of the cord in diffuse and system affections is fundamental in medullary pathology and demonstrates that in the cord as well as in the brain the nature of the lesion is of less importance and that the question of the part attacked deserves most of our consideration.

When the grey matter alone is altered, be it by a lesion of an inflammatory or degenerative nature or by a neoplasma, the symptomatology differs according to place and extent. Limited to the anterior cornua we find muscular atrophy, slow or rapid in its course and varying in its distribution according to the height of the altered segment. Developed around the central canal, and where it arises from a glioma, we meet with the muscular atrophy sensory troubles, especially thermic, so that we recognize the existence of a syringomyely.

In the pathological anatomy of peripheral nerves we meet the same particularities. In itself parenchymatous neuritis is always the same, from whatsoever cause it may have arisen. Periaxillar neuritis shows no different symptoms, whether of infectious or toxic origin. The distinction lies only in the localization of the affected nerve, in the motory and sensory sphere, or in both simultaneously. This difference in the topography of peripheric neuritis shows itself

clearly when we meet a paralysis of saturnine, arsenical or alcoholic origin, or with cutaneous affections or with symptoms similar to locomotor ataxia, or under the guise of a progressive muscular atrophy with or without sensory troubles, as in lepra or tuberculosis, or under the aspect of a more or less general paralysis, as in diphtheria or in certain infectious states, producing symptoms analagous to ascending paralysis or to anterior acute or subacute tephro-myelitis.

Might we ask now the cause of these differences? Let us see: the brain, the cerebellum, the bulbus, the cord are not, like the liver, kidney, lungs, organs having certain physiological functions over which they preside. Neither anatomically nor functionally does the central nervous system show a unity, on the contrary, it is formed of a multitude of small parts of which each presides over a particular function. This functional difference of each of these parts cannot be recognized by mere histology, for the nervous system is a relatively simple structure, which can be reduced to the cell and nervous tube. But in their functions these cells show vast differences, and by their grouping and anastomoses each of them constitutes a small centre, motor, vasomotor, trophic, sensitive, sensory and psychic, and in their totality they form the central nervous system. The anatomy of the nervous system differs from that of other organs; in the latter the question of structure harmonizes with that of texture, in the former we find it different.

It is not so very difficult to know exactly the lesions of a system, of a tissue or organ after having studied its normal anatomy, its structure and functions; here the same holds good in relation to the nervous system. The exterior formation of the brain and cord is known to every student, and even the details can be learned from any text book. Let us rather study the textures of these organs and the connections which unites the hemipheres, the cerebellum, the bulbus and cord. Much work has been done in that direction; comparative anatomy and physiology have lent their aids, experiments on animals taught many a valuable lesson, and as pathological anatomy acknowledges to rest on our knowledge of normal anatomy, it will be our pleasure to begin these lectures with the latter.—*Semaine Méd.*, May, 1889.

A CHAPTER ON NERVOUS DISEASES.

Translated by S. LILIENTHAL, M. D., San Francisco, Cal.

Dr. P. Jousset, of the Hospital Saint Jacques, gave a clinic on Nervous Diseases, which proves the power of well selected remedies.

1. *Paralysis spinalis acuta ascendans*: Mrs. T., 79 years old, for several years she showed slow scrofulous symptoms, as eczema on scalp and suppuration of cervical glands, some asthma and palpitation, had slight attacks of unconsciousness. December 4th. She was taken with incomplete paralysis of lower extremities. In her bed she can move her limbs, but they do not support her when trying to stand up. She feels coldness and tingling in them, otherwise sensibility is normal; sphincters normal; no brain symptoms or fever. belladonna 3x and conium 3x, in alternation. In the evening paralysis in arms; to raise her right arm to the head, she has to support it with her left arm; she cannot write, although motion of the fingers is possible.

December 5th. Improvement from conium, the right side feels weaker than the left. Amelioration steadily progressed, so that after a week she was able to read and to write.

This paralysis, studied by Landry, Cornil, Lepin, Déjerine and others, is characterized by the abolition of movement in the lower extremities, then in the upper ones; bulbar symptoms follow, the diaphragm becomes paralyzed, and death by asphyxia ends the scene. The autopsy reveals a myelitis of the anterior gray horns and of the lateral columns or the anterior roots all through. There may not be a particle of fever, and sometimes no lesion is found in the cord, which was probably the case in the old lady. The death of Socrates teaches the ascending action of conium, and this case, among many others, is a verification.

2. *Locomotor ataxia*: F., no syphilis, no alcoholic habit. 1885 he complained of vertigo with tendency to fall, from the least motions of the head, often preceded by roaring in the ears; epileptiform attacks; incomplete and transitory right hemiplegia; impotence; absence of ocular symptoms; no gastric or vesical crises. Conium ameliorated.

1886, winter. Trouble in walking, Romberg's symptom, abolition of reflexes, characteristic gait, hardly any fulgurating pains, absolute impotence and more deafness. Secale, argentum, belladonna, did nothing. Gradually getting worse he received, 1887, strychnine 3x, 2x, finally 1x, and in six weeks he was able to ascend a ladder; Romberg symptom and the abolition of the reflexes remained, and strychnine was continued up to April, 1888, when by discontinuing the drug a relapse followed so that he could not leave his bed, but strychnine caused again a decided improvement.

3. *Locomotor ataxia in its first stage:* M., 35 years old, complained, 1886, of fulgurant pains, loss of balance, cannot run nor stand with eyes closed on his feet, loss of reflexes. Atropine, 2x trit., 4 grammes in 24 doses. Some improvement in three months. Atropine, 1x, 2 grammes in 24 doses. A month later, pains better, but they return when medicine is suspended. Six months later the patient considered himself cured, but bye-and-bye the pains returned, though he could keep his balance. Alternation of sulphate of atropine, 1x, and strychnine, 1x, one day one, next day the other.

We read under belladonna, walks as if drunk, with dizziness; he raises his legs as if he had to pass an obstacle; he raises his feet slowly and puts them down with force; pains sudden, severe, of short duration, fulgurant. We prefer atropine to belladonna, because the former is more appropriate to nervous affections. We also know that nux vomica causes fulgurant pains with inco-ordination of motion, it also causes gastric crises and in the bladder analogous to those in locomotor ataxia.

Myelitis diffusa differs according as the disease attacks the cervical, dorsal, or lumbar region. When limited to the cervical region it produces paralysis of upper extremities; pupillary difficulties and gastralgia; limited to the dorsal region it attacks the muscles of the chest and of the abdomen, and sometimes a steady dyspnoea. Lumbar myelitis causes paralysis of the lower extremities, abolition of reflexes and paralysis of the sphincters, at first with retention of urine and feces and finally incontinentia.

A man of 45 years, suffering from an old Pott's disease

and compression of the cord. The diminution of muscular contractility in his legs soon set in; sensitiveness remained intact, but urinating was difficult and the contractility of the bladder diminished. *Secale cornutum* for two months, with steady amelioration.

A man of 41, brickmaker, and alcoholic. Excesses in work and in drinking caused profuse general sweating and intense chills. He soon felt great weakness in his legs and could not stand erect. On the third day tingling and burning in legs, cincture feeling, exaggeration of reflexes. The paralysis increases in lower extremities, gains the arms, especially the left arm, and Allopathy prescribes cupping and chloral, but the disease progresses, and in the third month the reflexes are abolished and decubitus in the sacrum. Brought into our Hospital, he receives *secale* and *stramonium* in alternation, 2nd cent. trituration. *Stramonium*, like *belladonna*, responds well to diseases of the cord, but we ascribe the cure to *secale*, as it produced in animals myelitis, and all the symptoms of paraplegia and gangrene is also one of its symptoms.—*Bulletin de la Soc. Hom. de France, July, 1889.*

ACUTE CYSTITIS.*

ITS PATHOLOGY, ETIOLOGY, SYMPTOMS, DIAGNOSIS, AND TREATMENT.

BY JAMES C. WOOD, M. D., ANN ARBOR, MICHIGAN.

Any lesion giving rise to the symptoms and sequelæ present in acute cystitis as manifested in women, demands, and has received by numerous writers, most careful consideration. Indeed the ground has been so thoroughly traversed that there is little opportunity for an essayist to suggest innovations, or to relate experiences that are not already trite. There is, therefore, little encouragement to work the literature for data. The acute stage of cystitis is of short duration, and terminates either in resolution, or merges into the sub-acute or the chronic forms, in which the pathological changes are much more decided and the range of treatment much less restricted.

Acute cystitis in women is a disease probably more fre-

*Read before the American Institute of Homœopathy.

quent than the student is led to infer from the teachings of many of our more prominent gynecological authorities. While it is a lesion not confined to women, yet the anatomical peculiarities of the female bladder make it an organ easily invaded either through the urethra or through the walls from above. The uterus and adnexia posteriorly and superiorly frequently implicate it in a reflex way or by direct transmission, while the vagina is lined with a mucous membrane often the seat of specific or non-specific inflammation, which is readily conveyed through the urethra to the bladder. Again, the numerous injuries following in the train of parturition are still other reasons why the organ is so often the seat of inflammation.

In its pathology there is nothing peculiar or remarkable. The changes will vary somewhat, according to the severity and violence of the attack, yet they are not unlike those found in inflammation of any mucous membrane.

At the outset the existing hyperæmia gives the membrane a bright-red appearance, which soon becomes swollen and relaxed. At certain points the epithelium will be destroyed, particularly at the summit of the rugæ, between the folds of which and in the sulci pus is usually found. These, in brief, are the ordinary changes incident to the disease. Occasionally the destructive process is much more decided, especially in certain cases following prolonged distension. The whole mucous and sub-mucous tissue may become involved, the entire lining membrane of the bladder being shed or cast off *en masse*. Usually this accident is post-puerperal, at which time the general congestion and succulency of all the pelvic organs would favor it. During confinement pressure upon the neck of the bladder or upon the urethra causes tumefaction of the parts and consequent obstruction. As a result the urine is retained for an indefinite length of time, the dribbling from the over-distended organ deceiving both nurse and physician, until the excessive intravesical pressure cuts off the capillary circulation from the mucous membrane, causing in due time its partial or complete death, after which it is exfoliated and cast off. This at least is the explanation given by Liston, and it seems a very probable one. Skene suggests that where the distension has been

sufficiently great to cause separation, the death of tissue may be due to excessive congestion following sudden emptying of the organ. The succeeding changes are those of chronic cystitis, with which this paper is not to deal.

The etiological factors of acute cystitis are both numerous and varied, some having already been suggested. There is by no means a consensus of opinion as to whether or not it ever occurs as an idiopathic affection. While not as profoundly impressed by the causes giving rise to general pelvic congestion as are the uterus and the ovaries, yet the blood supply of all of the pelvic viscera is derived from the same general source, and it therefore requires no great stretch of the imagination to believe that cold or undue exposure may excite cystitis. However, in the vast majority of instances the trouble can be traced to unmistakable exciting causes, and it is reasonable to believe that women with scrofulous tendencies of other mucous membranes are more liable to have catarrh of the bladder when exciting causes exist than are those free from constitutional bias. At any rate the slightest irritation or exposure will, in some women, cause irritation, or actual inflammation, of the bladder.

Of the various exciting causes none is more important than parturition, to the improper conduct of which many a mother owes her invalid life. Cystitis is here produced either by the undue and prolonged pressure of the foetal head, by retention of urine, or by septic invasion, all preventable causes in most instances. Of those originating from within the body, abnormalities of the urine are to be noted, yet in a bladder perfectly healthy it is difficult to comprehend any unnatural condition of the urine sufficiently marked to excite an inflammation. Unfortunately, many bladders are not perfectly healthy, being at all times more or less congested and irritable—a condition that may be fanned into true inflammation by urine loaded with lithates or with pus. Abnormal urine is, however, oftener the result than the cause of cystitis. Of those originating from without the body, we may enumerate traumatism, the introduction of foreign bodies by masturbators, uncleanly and unskillful catheterization, and unnatural or violent coitus.

The bladder, like all other organs of the body, is predis-

posed to inflammation by any condition causing a chronic congestion. Disorders of the heart, liver and kidneys, act in this way. Again, in acute exanthematous diseases the vesical mucous membrane may sympathize with the tegumentary tissues, and even become seriously involved. The well-known action of certain drugs upon the urinary tract we, as homœopaths, are perfectly familiar with, and will recognize their disturbing influence in looking for etiological factors. As has been intimated under the head of pathology, diseases of contiguous organs may implicate the bladder. Whether or not the inflammation produced by gonorrhœal infection differs from non-specific inflammation is at the present time *sub-judice*, and it would be an intrusion upon your time to discuss the question here.

Acute cystitis, while often giving rise to symptoms most decided and pronounced, does not affect the organism as does the chronic form. In the simpler types of catarrh the symptoms appear suddenly, there being a sensation of distress and weight back of the pubes, with increased frequency of micturition, which is more or less painful. The degree of tenesmus varies according to the extent to which the vesical neck is implicated. The urine is but little changed, is slightly acid or neutral in reaction, and may be cloudy. The specific gravity remains unchanged, and if there is a sediment it will contain an increased quantity of leucocytes, with or without phosphatic crystals.

Even when acute cystitis is purulent from the outset the general disturbance may not be very great, except, as Richardson observes, in those attacks due to bacterial invasion following labor. In these cases the outset is announced by a severe rigor, followed by a temperature curve ranging from normal in the morning to 103° or 104° F. in the evening. The hypogastrium may become very tender and the dysuria and tenesmus unendurable. In the purulent form the changes in the urine are more decided, it being ammoniacal, invariably alkaline, and containing pus and blood in varying proportions. The sediment contains, besides the blood and pus corpuscles, triple phosphate crystals, bladder epithelium, and bacteria.

It is not within the province of this paper to discuss those

forms of acute cystitis which occur as a local expression of severe constitutional diseases, as diphtheria, erysipelas and croup. They are always of serious import, and demand of the attendant prompt and vigilant treatment.

There may be some difficulty in differentiating acute cystitis from acute urethritis, especially if the subjective symptoms alone are relied upon. Severe pain in the latter trouble occurs only during, and lasts but a short time after, micturition. It is also said that there is an oozing of pus more or less continuously from the urethra in urethritis, whereas in cystitis pus escapes only during micturition, and the urine which escapes last is more cloudy than that first discharged. The uncertainty of this test is, to my mind at least, very great.

When the pus comes from the kidneys there will be more albumen than can be accounted for by the total quantity of pus and blood present in the urine. Again, in renal diseases, the tube casts, and the absence of the pain during micturition and in the region of the bladder, ought to direct attention to the kidney.

In prolapsus uteri there may be frequent urination, not unlike that produced by cystitis, but the normal condition of the urine and the aggravation arising from standing or walking will at least suggest the cause of the trouble.

The dysuria arising from vesical neuroses is characterized by its sudden appearance. If there is any change in the character of the urine it is of a purely temporary nature. In adhesions of the bladder the desire to empty the organ is only urgent when it becomes partially distended. The urine would also remain unchanged. Fissure of the bladder can be positively determined only by the use of the endoscope.

In the treatment of cystitis, prophylaxis is of the first importance, and the various causes enumerated should be carefully avoided or removed. Unclean catheters should be banished from the lying-in and the operating ward. Any form of hard instrument, with the possible exception of the glass tube suggested and used by Küstner, should be discarded because of the difficulty in keeping it perfectly aseptic. I much prefer the velvet-eyed soft rubber instrument,

because if perfectly clean, it is non-irritating, and its inexpensiveness enables each patient to have an instrument of her own. Where repeated catheterization is necessary, a new one should be substituted every two or three days. After use it should be carefully washed and cleansed by forcing a stream of water through it, and then immersed in a ten per cent carbolyzed solution until again required. The vestibulum should always be carefully washed before introduction. Unless absolutely necessary catheterization after operations should not be resorted to. Even after abdominal section the patient is usually able to urinate with much less distress than the introduction of the instrument causes, and experience has fully demonstrated the harmlessness of permitting healthy urine to come in contact with plastic operations. With the possible exception of vesical fistula I no longer draw the urine, unless in those cases where swelling and tumefaction have temporarily occluded the urethra, or when, owing to some peculiarity of the patient, she cannot urinate while in the recumbent posture.

On the other hand, the operation is frequently called for in post-puerperal conditions, and the importance and necessity of examining the bladder carefully during the first few days of the puerperium cannot be too indelibly impressed upon the mind of the student. A very large proportion of the cases of cystitis date back to childbirth, and in no instance should the statement of either nurse or patient be relied upon as regards the passage of urine, especially if there be dribbling. In consultation with Dr. J. W. Wheelock, of Bancroft, Mich., I once saw a parturient woman moribund, with symptoms of septicæmia and uræmia, where the bladder reached the umbilicus, giving to the abdomen the appearance of tympanitic enlargement, so great was the distension. Catheterization rewarded us with two large sized *pots de chambre* full of urine which two distinguished men of the *regular* school had permitted to accumulate. The obloquy is thus permitted to fall upon that school, because Skene in his latest work, and in almost the same language, charges the same negligence "to a member of the so-called *new* school."

Abnormalities of the urine when they exist should be

corrected, and hemorrhoids, fissures, or any disease of neighboring organs should be removed. *Necessitas tollendæ causæ* is quite as evident in the treatment of cystitis as in the treatment of any other inflammation.

In the management of an acute cystitis, rest more or less absolute should be insisted upon. The recumbent posture should be maintained, and if the vesical pain and tenesmus are very great, much relief will be afforded by the hot sitz-bath or vaginal douche. If the urethra is also implicated, a stream of warm water falling upon the external meatus for ten or fifteen minutes three or four times per day will often relieve suffering to a marked degree. Concentrated and irritating urine can be diluted by permitting the patient to drink freely of either water, milk, or some mucilaginous fluid. The diet should be unstimulating and bland, milk being the best of all articles. These precautions, in conjunction with the homœopathic remedy, will, in probably the larger proportion of cases of acute aseptic cystitis, accomplish a cure. Aconite, belladonna, cantharides, cannabis sativa, chimaphilla, mercurius cor., and arsenicum, comprise a list of remedies frequently useful. After a duration of a week or longer without manifest improvement, the disease will have assumed a sub-acute or chronic character, and will often demand local treatment before a cure is completed.

SURGERY.

ŒSOPHAGOTOMY.

By WM. WATTS, M. D., TORONTO, O.

Sunday morning, July 28th, Haddie H. swallowed a pin. It lodged in her throat and at every movement of muscles pricked her. She wanted it out. She had the pin in her mouth when her brother caused her to laugh and down it went. Such is the history of the case.

I took her to a laryngotomist who located the pin sticking in the arytenoid cartilage with its head to the right and lying transversely backward. He made numerous attempts to remove the foreign body with the Schrader forceps and several other instruments, but without success. The girl was in

his office for five hours, but every effort of the doctor was unsuccessful.

I then decided to operate and removed her to her home, where, assisted by Drs. Scheib, Andrews, and Hammond, chloroform was administered. An incision three inches long was made along the anterior border of the Mastoid muscle on the right side. The dissection was carefully continued until the œsophagus was reached. All hæmorrhage, as it started, was stopped with hæmastatic forceps.

Passing a large sized rubber tube down to the stomach, I cut into the œsophagus, making a slit about three-fourths of an inch long. Then, withdrawing the tube, introduced my finger to find the exact location of pin. But lo! no pin was to be found! Upon introducing one finger of the left hand into the mouth and one finger of the right hand into the slit in the œsophagus and examining thoroughly a second time there was still no pin. Considerably disgusted, I closed up the wound, using but one suture, put the girl in bed and left.

Returning in about two hours, I was shown the pin which the patient, after giving a slight hacking cough had picked off her tongue. The pin had been lying crosswise above the œsophagus and as I withdrew the rubber tube had undoubtedly become displaced and slipped up behind the palate, the neck being bent backward during the operation. Then as she raised her head again it slipped down on the base of the tongue, gagging her slightly and causing her to spit it out.

The operation was finished at 8 P. M. I called again at 11 P. M. to find the patient restless and uneasy, temperature 99°. Prescribed aconite to be given every hour. Next day I found temperature 100°. The patient had slept two hours. The aconite was continued until Thursday when the indication pointed to *mer. cor.*, which was prescribed.

The morning thermometry, with the usual evening advance, from July 30th to Aug. 7th, is as follows: 99.2, 99.6, 99, 99.2, 99.1, 98.8, 97.6 (chill), 99, 98.6. On August 8, the wound had healed and the patient was discharged cured.

On Monday and Tuesday of the first week pieces of ice were given to relieve the thirst, none to be swallowed. No

food of any kind was given till Wednesday morning, when a pint of milk was administered through the stomach tube. Wednesday evening the patient drank a pint of milk without pain or any disturbance. Thursday and Friday she drank milk as often and as much as she pleased. Saturday chicken broth was added. Monday I removed all reservations and told her to eat as quare meal and keep pins out of her mouth.

NEW USES FOR THE SHARP CURETTE.

By GEO. J. ENGLEMANN, M. D.

My views on this subject and my practice differ widely with that generally accepted and taught in this country.

The *dull* curette is recommended for the removal of fungous degenerations and of particles for diagnostic purposes, and the *sharp* instrument for the cutting away of hypertrophical tissue of the cervix, especially Nabothian glands and the checking of pathological uterine hæmorrhage for which no cause can be determined. The dull instrument is used for diagnostic as well as therapeutic purposes, and the sharp curette as a last resort in cases of hæmorrhage, in which other means have failed!

This is too limited and uncertain a scope. To me the curette is a valuable instrument, which I use frequently with excellent result, and without ill-effects of any kind. With our present bacteriological knowledge and the safety which antiseptic precautions afford, it seems almost criminal to attempt the tedious treatment by astringents for a hæmorrhagic endometritis, or by alteratives for the chronic interstitial form, when the curette affords such ready relief.

I now use this instrument for the treatment of many forms of uterine disease, which have hitherto been among the most tedious and unyielding, such as flexions resulting from metritis and endometritis, indurations, and some forms of endometritis and of sub-involution, especially after miscarriage, and it is of these recent methods that I wish to speak.

For the past few years I have been using the curette for the purpose of overcoming induration and enlargement of the uterus, as well as flexions, resulting from chronic inflam-

mation of the endometrium and of the uterine tissue : it has proven a valuable agent in the treatment of certain forms of sub-involution, especially those caused by retention of parts of the ovum, even after those particles have been expelled. When we find a thickened mucous membrane, a heavy, large uterus, low in the pelvis, we bring about involution by a judicious use of the curette, we increase the activity of the tissues, and thus further absorption, reduction in the size of the uterus and reposition follows. I lay great stress upon the *secondary* results of the operation, the following absorption or involution, which I have frequently observed and to which attention has not been directed ; they are the same which we see after an Emmet's operation, or other surgical interference upon indurated or congested tissues, hence the excellent results in cases of chronic interstitial endometritis, with induration of the organ and displacement, flexions especially being remedied.

I use the curette for the purpose of overcoming displacements—displacements due to enlargement of the uterus which have resulted from endometritis—for the purpose of inducing involution after miscarriage, and to check septic processes after labor or abortion. In these cases the sharp instrument judiciously used is most valuable in taking away the diseased decidua, or such diseased remnants of the mucosa as have been retained. By antiseptic douches we remove only the loosened particles, the absolutely decayed superficial tissue, and are obliged to repeat the process, but with the curette we remove all at one sitting without affecting the underlying healthy tissue.

Instead of using the sharp curette only in those cases of hæmorrhage "which have resisted other treatment in which the cause is not known," or in cases in which pathological tissue is present, I use it for the purpose of bringing about involution and removing septic tissue, for overcoming the results of chronic endometritis, and enlargement of the uterus, flexions, and displacements.

This slight operation I deem preferable to long-continued treatment. Comparatively harmless, speedy in its results, it is certainly a method which must recommend itself.

In those forms of endometritis which follow laceration I

look upon it as so important that I always precede an operation on the cervix by curetting, because in almost all cases of laceration which demand operation the endometrium is diseased; I am convinced that the reason for the want of improvement after Emmet's operation, the absence of the expected result, which we frequently hear of, is to be sought in the fact that the coexisting endometritis has not been overcome; the laceration may be united, but if the endometritis is not overcome the patient is only partially relieved. In some cases the symptoms arise from the laceration, in others they are due to the endometritis, the metritis or displacement, and unless the endometritis and other morbid processes which accompany the laceration are also overcome, the result is naturally an imperfect one. It was by the results achieved in such cases; by the curetting at the same time with or preceding Emmet's operation in cases of laceration with endometritis; that I first learned to appreciate the importance of this treatment; and ever since I have resorted to curettement in uncomplicated cases of endometritis as well, and in cases of laceration with endometritis, where the operation was refused, I have invariably curetted, telling the patient that if her symptoms did not improve, then an operation upon the cervix would be a necessity. Frequently, when the endometritis seemed to be the leading factor, the symptoms were sufficiently relieved so that the patient was not willing to submit to the operation for laceration.

I speak of the operation as simple and harmless, because it has become such by the observance of antiseptic precautions, and the use of a properly shaped instrument which does not necessitate previous dilation. The instrument which I use in the class of cases here mentioned is the somewhat sharpened curette of Recamier, the first instrument devised, or the slightly altered one of Martin, not wider than a lead pencil, moderately sharp; to those who speak of the dangers of the sharp curette, the risk of cutting too deep, I say that we might as well recommend a dull knife, as the sharp instrument may do damage in unskilled hands; no one should use it who cannot use it properly; and properly used, the sharp instrument possesses many advantages,

being more effective and admitting of greater precision in its use.

Although anæsthesia is not absolutely necessary, I give chloroform to spare the patient the annoyance of the operation and more or less pain which accompanies it; moreover the muscular tissue is relaxed, thus easily admitting of cur-
etting of the cavity, even of a virginal uterus, into which it may have been difficult to insert the sound beforehand. The bowels having been previously emptied and a cleansing douche given, the anæsthetic is administered, the patient placed in lithotomy position, the perineum drawn down by the Simon speculum, and the cervix firmly grasped with a bullet forceps (Schroeder's uterine forceps, or Engelmann's modification—the vulsellum forceps are too clumsy, cut or tear, and cause bleeding); vagina and uterine cavity are now thoroughly mopped with a 1:2000 bichloride solution, and I throw a quantity of this fluid into the uterine cavity with a syringe when possible. The curette is then inserted under a stream of hot water (with boric or carbolic acid) from a fountain syringe, which is kept up during the entire operation. The uterus is steadied by the bullet forceps, and often additionally by the hand of an assistant over the fundus, and the curette inserted, as a rule, without difficulty. If the instrument does not enter easily, a free incision at the internal os is made which will admit of an immediate curetting; in chronic interstitial endometritis, on account of the accompanying metritis, the uterus is indurated and hard, so that it does not relax and yield as freely as in cases of subinvolution, but as a rule the instrument can be readily introduced; if not, I enlarge it with the knife. I do not like stretching, and think it preferable to incise the internal os, if necessary, rather than use the dilator and tear the tissues.

If we have rendered the part aseptic, this incision does no harm whatsoever. The curette once inserted, it is carried from the fundus downward in regular strokes, taking care to cover the entire ground, and steadying anterior or posterior wall, wherever support is needed, by two fingers of the left hand, after the bullet forceps have been entrusted to the hands of an assistant. If the organ is pulled down during

the downward stroke of the curette, it may be supported by two fingers of the left hand, one on either side of the cervix. By touch and hearing we know when the operation is completed, a hard feel and a grating sound tells us when the muscularis is reached and the diseased mucosa removed, and then the surface is once more lightly passed over, in order to detect any neglected portion; frequently a rotary motion of the instrument is serviceable, to cut away the tissue with the lateral edge of the curette. The extent to which the operation is carried depends upon the nature of the case, and it is only in extreme cases that we persist until the hard grating of the muscularis is everywhere heard. Most of the tissue which is cut away is carried out by the curette itself, but after having satisfied myself that the diseased tissue is thoroughly removed, I wash out the cavity with a 1:2000 bichloride solution (or 5 p. c. carbolic acid), and remove such of the fluid as does not run out, and whatever small particles may remain, with a cotton-wrapped applicator. The operation is completed by throwing half an ounce of the fluid sesqui-chloride of iron into the cavity with a long nozzled syringe, which stops the little bleeding that may have occurred and causes the uterus to contract firmly. I usually use iron; sometimes, in case of a hard, large uterus (metritis) tincture of iodine, and I look upon the syringe as far preferable to the mopping of the cavity with the application.

The parts which have been under a continuous douche are now thoroughly dried with absorbent cotton, dusted with iodoform or boric acid, and a tampon of iodoform gauze, or borated cotton, introduced; if any pain is felt, an ice bag is placed upon the abdomen for a few hours.

Harmless in careful hands, the curette is a dangerous instrument when injudiciously or unskillfully used, and I would warn against the *promiscuous* resort to this treatment. One of the abuses which I have observed is the use of the curette for the relief of uterine hemorrhage due to congestion and disease of the circum-uterine tissues.—*St. Louis Polyclinic.*

A PLEA FOR OPERATIVE OR RAPID DILATATION OF THE CERVIX UTERI.

In the *Montreal Medical Journal*, March, 1889, Dr. T. Johnson Alloway condemns the use of tents and says:

It is not my intention to describe precisely the operation of rapid dilatation of the cervical canal by means of the steel dilator, but I *do* wish to speak of the great advantage of the operation over the gradual or tenting method. To perform rapid dilatation it is necessary to see the operation done, there are so many important details in connection with it. The patient should be profoundly under ether. The instruments which give the best satisfaction are Sims' glove-stick dilator and the Ellinger-Goodell serrated dilator. These instruments can be thoroughly boiled and otherwise prepared before using. The vagina is washed out with soap and warm water, and then irrigated with 1:1000 sublimate. The operation can be combined with that of incision to any degree the operator determines upon. My experience has led me to think that the combination is a good method, better probably than simple dilatation as practised by Goodell. I have now performed the combined dilatation and incision operation so often, and under varied conditions of the pelvic organs, without having had an interruption in recovery, that I feel convinced the operation should have absolutely no mortality.

This short report is not intended as an essay upon dilatation of the cervix uteri, but as a warning and protest against the use of the dangerous tent. Before closing, however, I must not forget also to protest against the half-hearted sort of tampering with steel dilators, so often adopted in office practice, before making uterine applications of caustics. This practice is most iniquitous, and more cases of pelvic inflammation have followed than it has been credited with. The vagina in such cases cannot be properly cleansed, the uterine tissues are resisting without anæsthesia, and any lacerations made are direct inlets of infection to the lymph spaces and vessels. Put your patient thoroughly under ether, conduct the procedure as you would a laparotomy, and avoid tampering with patients' lives to suit a little personal convenience on your part.

MEDICAL FORUM

MEDICAL LEGISLATION.

BY H. M. PAINE, M. D., ALBANY, NEW YORK.*

The subject of legislation in behalf of Medical affairs has assumed larger proportions and awakened more general interest than at any period in the past history of medicine in this country.

The recent attempts on the part of the allopathic school to establish State supervision and regulation of the *license* to practice medicine; the evidence showing co-incident action by the old school in every State and territory, instituted for the purpose of controlling medical licensure in this country; and the almost entire unanimity with which the efforts are approved by the allopathic school, are awakening interest on the part of the homœopathic medical profession throughout the entire country.

That the allopathic school has entered systematically and in earnest upon this work—that of causing the enactment of uniform medical laws, as nearly alike as may be in their provisions, State by State, is attested by the fact that laws, placing the entire control of the regulation and entrance upon practice in their own school, have already been enacted in ten States, viz., Alabama, Georgia, South Carolina, Kentucky, Virginia, Tennessee, Mississippi, Iowa, Minnesota and Montana; and further, that during the past winter similar bills have been introduced into the legislatures of the following states, viz., Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania, Delaware, Florida, Tennessee, Wisconsin, Michigan, Nebraska, Montana, California and probably several other states.

The *separate* board system has been maintained several years in New York and California, and new State Homœopathic examining boards have been secured, during the past winter, in Delaware and Florida.

The *separate* board system, adopted in the State of New York in 1872, and still in force in that State, is a voluntary one; hence, while illustrative of correct principles on which

*Report of the Committee of the American Institute of Homœopathy as adopted, 1889.

such boards should be founded, can become effective only when made compulsory. Amendments for making its provisions binding upon all schools alike, have been proposed, and will be secured, it is hoped, in the near future.

In every one of the *single* board bills prepared by the old school during the past winter, in the states enumerated in the preceding list, provision is made for entire allopathic membership in all the states where this is possible, and for limited *minority* membership of the representatives of other schools in states where demanded by public sentiment; in either case the old school, by virtue of its superiority in point of numbers, arrogates to itself the *right to assume a controlling power* over all matters pertaining to medical education and practice.

That this reform movement is endorsed by a very large proportion of the allopathic school is plainly evident. It has been four times approved and earnestly recommended by the American Medical Association. It is not opposed by a single old school medical college of recognized standing. It is endorsed and zealously recommended by nearly all the largest and most influential old school medical journals, and by all, or nearly all, old school medical societies, State and local, throughout the whole country, and is actively opposed by none.

Indeed, the whole history of this movement shows that the unity of action, the harmony regarding essentials, the persistent effort, renewed without marked change, year after year, can only come through a perfected and widely extended organization.

In fact, so strong a hold has this *single* board system upon the dominant school, and so powerfully influential are many of its supporters, that the formation, in the near future, of these *single* State examining boards, under allopathic control, in a majority of the States in this country, unless prevented by homœopathic antagonism, is well-nigh inevitable.

It is plain as meridian brightness, therefore, that the mobilization of old school forces in behalf of its own interests, and thereby the formation of this gigantic allopathic monopoly, can be thwarted *only* by the most energetic and persistently applied opposition of the homœopathic school.

Notice in this connection, that the old school proposes to accomplish its present purposes—the establishment of State control of medical education and practice, by means of *single* examining and licensing boards in each State.

The reason for the adoption of the *single* board system is at once obvious. If the old school can secure *single* examining boards in a majority of the States in this country, it will thereby acquire the power whereby it will be able to completely regulate in accordance with its own wishes and interests, all matters pertaining to medical education and practice; if, however, each school shall have *separate* examining and licensing boards, it cannot possibly acquire or maintain its supremacy over medical affairs.

The old school, having selected the *single* board system as the best one by which to secure the full accomplishment of its sectarian purposes, opposition to this scheme, to become effective, must embrace such forms of legislation as shall, either modify the construction of the *single* board so as to provide *equal* representation or at least prevent majority membership of either school; or, preferably, provide *separate* examining boards for each school.

Dr. J. G. Street, President of the New Jersey State Homœopathic Medical Society, in his annual address, tersely sets forth the animus and bearings of this movement in the following extracts. He said: "The bills now before the legislative bodies of the several States for creating State examining and licensing boards are the result of concerted action agreed upon by the American Medical Association, by which the allopathic school hopes to be able to obtain full and permanent control of all legislation regulating the practice of medicine in this country. The allopathic school, by securing a majority membership in these State examining boards, is endeavoring to establish monopoly of the right of licensure. To this monopoly the homœopathic school is implacably opposed.

"It is desirable that the issues between ourselves and the allopathic school should be clearly defined. With their ostensible objects, viz., the protection of the public by elevating the standard of medical acquirements, thereby diminishing the number of unqualified practitioners, we take no

issue. It is the proposed *method* by which these laudable objects are sought to be attained, to which we, as a school, are antagonistic.

"The welfare of the public must not be made a pretext for aiding a majority sect in medicine to coerce a minority. We recognize in the peculiarly faulty construction of these bills for creating *single* State examining boards, dangerous possibilities of exceeding magnitude.

"Old school partisanship has frequently been driven to great straits in its efforts at inventing pretexts for opposing the progress of homœopathy; this movement, however, involves more harm to our school than any hitherto attempted, being made more formidable than former open warfare by its pretended liberality, in providing homœopathic minority representation, on the unwarranted assumption that such provision is fair and reasonable, when it is intended to compass our dissolution.

"The tendency of all these *single* State examining bills is to place the licensing of homœopathists in the charge of boards composed largely of old school members and wholly under their control; but how can we expect fair and impartial treatment from licensing boards, the majority of whose members are bound by the code of ethics of the American Medical Association?"

These suggestions are pertinent and the argument advanced unanswerable.

In an analysis of the history and progress of this reformatory work, it is apparent that the incentive to its inauguration and rapid development lies in a desire to *unify* the standards of medical acquirements.

That this transfer will be made, and that the control of the educational qualifications of physicians, so far as regards the right to enter upon practice, will, at no remote period, be conducted under the auspices of the State, there is little room for doubt.

After canvassing many plans and after years of unsuccessful effort it has been found that the accomplishment of the process of unification cannot be brought about by measures applicable to the medical colleges alone. These institutions are for the greater part, private, corporations, and are sup-

ported and controlled by private and individual resources and interests.

Hence, in order to bring about a condition approaching greater uniformity of the standards of medical learning, and to place the responsibility of gauging, and giving permanence to these standards, the old school proposes to transfer the privileges and rights of licensure from the medical colleges to boards of medical examiners to be appointed and maintained by the State, where such power and authority properly belongs. That is to say, it is proposed that the standard test of medical acquirements shall be transferred from the diploma to the *license*, and that hereafter the latter shall be placed under State supervision.

The proper action, therefore, these conditions being granted, is that of providing a complete method of entrance into the profession for our students, through our own legal organizations; that is to say, simply procure, in every State, examining and licensing boards of our own.

This truly conservative and safe policy and system once established, as well in States where Homœopathy is feeble as in those where it is strong and influential, our school can go forward with more rapid strides than any in its past history, and will be in a position to prevent any union of members until there is a union of sentiment among medical men.

The following resolutions were unanimously adopted :

WHEREAS, The American Medical Association, through the several State medical societies, is endeavoring to procure State boards, with or without homœopathic minority representation; and

WHEREAS, Such action, if carried to completion, will inure to the disadvantage, if not to the destruction, of our school as a distinct organization, and act as a direct hindrance to medical progress, therefore,

Resolved, That the committee on legislation of this Institute be instructed to correspond and coöperate with the legislative committees of the State homœopathic medical societies in the procurement of separate boards of medical examiners throughout the United States, when such boards are to be established, and when it is impossible to secure such separate boards, to insist upon equal representation upon single boards.

Resolved, That the committee on medical legislation be authorized, if necessary, to expend \$100 in carrying out the foregoing instructions.

CREMATION.

By W. B. CARMAN, M. D., ROCHESTER, N. Y.

The following item in the *Examiner*, of New York, has stirred me to consider the subject of cremation: "After a struggle of eight years the French law has sanctioned cremation. The advocates of this method for disposing of the dead are to hold a Congress on the 4th of August. At this meeting a solution of many still unsolved problems will be undertaken. The Congress will, in addition, consider plans for increasing the popular interest in cremation."

Why should not the influence of the medical profession of this country be used to induce popular interest in cremation, and to create intelligent sentiment in favor of this method of disposing of the dead?

Let us consider the question under four heads; namely:

1. Dangers of earth burials.
2. The system of cremation.
3. Hygienic advantages of cremation.
4. Superiority of cremation over all other methods of final disposition of the human body.

I. *Dangers of Earth Burial*: A buried body pollutes the earth, air, and water surrounding it. Emanations from decomposing bodies when breathed in concentrated form are mortal; diluted, they produce low fevers. The plague of Modena in 1828 was due to excavations in earth where victims of the plague had been buried three hundred years before. The London cholera epidemic of 1854 was caused by up-turning the soil wherein the plague-stricken of 1665 were buried. The ground of cemeteries where yellow fever victims were buried has been found to be permeated with yellow fever germs; and such cemeteries have been aptly termed "Nurseries of yellow fever, and perennial foci of the disease." Disease germs are brought to the surface by earth worms. The air above graveyards has been found to absorb noxious and disease producing germs. The constituents of the body decompose after death into poisons. This discovery once saved a man from the gallows accused of poisoning by strychnine.

The water near burial grounds, and at some distance, becomes contaminated, and this same contamination causes

it to appear unusually sparkling and inviting. Not only are earth, air, and water polluted by decomposing bodies, but the germs of disease buried with the body live and are reproduced.

II. *The System of Cremation.* The process of cremation does not consist in burning the body, as many erroneously suppose. It is simply the reduction of the body to ashes by the application of dry heat reaching 1,500° to 2,000° F. Neither fire nor flames come in contact with the body; and all smoke and gases resulting from combustion pass through a heated absorbing retort and are destroyed. The usual funeral ceremonies can be observed in connection with the process without jar to the feelings, or offending the sense of propriety.

III. *Hygienic Advantages of Cremation.* These are as many and as great as the hygienic disadvantages of burial. The infection of earth, air and water, with the consequent evils, is prevented. Moreover, grave diggers, who are proverbially short-lived, would be consigned to healthful occupations.

In 1814, after the battles around Paris, cremation was the only means of preventing infection from 4,000 bodies. Cremation has been introduced into all the countries of Europe and America. The body of Prof. S. D. Gross was cremated at his own request, and many medical societies have endorsed this method as a necessary sanitary measure. The ashes of yellow fever, small pox and cholera victims are perfectly pure.

IV. *Superiority of Cremation over all other methods of final disposition of the human body.* Under this head let us consider the religious, utilitarian, and sentimental aspects of the question.

The Religious:— Our good brother whose piety exceeds his knowledge, objects to cremation as contrary to Scripture, and quotes: "Then shall the dust return to the earth as it was;" and kindred passages, and calls attention to the fact that the old patriarchs were all buried, and that Christ was buried in a tomb.

It may be replied with equal force — "The good man is perished out of the earth," and again — "Neither shall they

be buried." As to the Patriarchs, he forgets that "The times of this ignorance God winked at."

If Christ's burial is to be an argument against cremation, no one should be buried longer than three days. But our pious friend objects that cremation is a barbarous, pagan custom. Both burial and cremation date from time immemorial, and have been practiced by both saint and sinner. But the great objection is that cremation conflicts with the doctrine of the resurrection. If burial is essential to the resurrection, what will become of the righteous dead who have perished at sea and been devoured by fishes? Or of those who have been devoured on land by wild beasts? What will be the fate of those who have been cremated at the stake for the sake of their religion? The truth of the matter is that in every case the body is reduced to its prime elements, and at last finds mother earth.

Cremation accomplishes in a few moments what ordinarily requires months and years, but with the radical difference that the product of cremation is harmless, while that of decomposition is deadly. Religion, then, has no more to do with cremation than it has with drainage, sewerage or any other sanitary measure.

Utility:—Statistics show that the sums annually expended in the United States as funeral expenses exceed in value the annual produce of all our gold and silver mines. A decent burial costs not less than \$100, exclusive of the price of the tomb or vault. The cost of cremation is less than one-twentieth the price of ordinary burial; and there would be great economy of land and space. Cremationists do not advocate the abolition of cemeteries; but claim that through cremation existing, cemeteries would cease to be nuisances and last for all time. Consequently, no more new land would be required for burial purposes. On the smallest lot of ground an edifice divided into compartments would serve the same family for ages. Burial lots and vaults would become more valuable than now because more persons could be accommodated, and cemeteries would never be full. Churches and temples could accommodate urns containing the ashes of the departed without danger to the living. Cremation would do away with the desecration of tombs,

and the theft of bodies, and the dread horror of being buried alive would be averted.

Sentiment:—This is the stronghold of the opponents of cremation. Sentiment, to be sure, should not be ignored, neither should it be paramount. One pleads that the horrid idea of cremation drives out the blessed, comforting thoughts associated with the time-honored custom of earth burial. It must be very comforting to think of the remains of a loved one consumed by worms and decay. But it is urged that mother earth is the best deodorizer known. Granted, yet a deodorizer may be neither disinfectant or antiseptic, and to merely cover up a bad smell is to leave the cause of the smell intact. And so death may be in earth, air and water, though odorless. Another says—"The thought of cremation is horrible. I would rather be buried." As though that were argument unanswerable. If you only could see the process you wouldn't wish to be cremated. It is just as true that if one could see what goes on in the grave he would not hanker to be buried. But we are not called upon to see in either case. The candid mind will pronounce the argument from sentiment due to sickly sentimentality, rooted in prejudice and fostered by ignorance.

THE MEDICAL COUNSELOR recognizes the principle of *similia* as the dominant principle in the selection of drugs for the cure of the sick and supports the organization of *Homœopathy* as a distinctive body in the medical profession.

WE have Dr. L. C. Grosvenor, of Chicago, to thank for a set of the "Gertrude Baby Patterns." The outfit consists of dress, skirt, under-skirt, diaper and nightgown. The method of dress is all that the doctor claims for it, and we can highly recommend its general adoption. Dr. Grosvenor's paper in this number of the COUNSELOR will be read with interest.

THE *New York Herald* states that Massachusetts has a new statute, which has just gone into effect, for securing a more perfect record of vital statistics. All doctors are required to report births, and for each birth reported the doctor gets a fee of twenty-five cents. No penalty is fixed for failure to report. It has been held by legal authorities that the State has no power to impose any service without providing a compensation.

THE MEDICAL COUNSELOR.

D. A. McLACHLAN, M. D.,
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EDITORIALS.

BIMANUAL EXAMINATION OF THE FEMALE PELVIC ORGANS.

The specialist in the department of gynecology has more than kept pace with the general progress of medicine in his methods of diagnosis and in the development of operative procedures. It is to be regretted, however, that the average practitioner has failed to acquire that *tactus eruditus* which would enable him to do much more than he now does in the way of making gynecological diagnoses were he to do so. There is no method of examination more useful and more frequently applicable in contending with the multitudinous diseases of women than the so-called "bimanual." By it in a subject fairly favorable, it is not only possible to determine the presence of parametric and perimetritic deposits, but the normal ovaries and tubes can be palpated, the position of the uterus recognized and abnormalities of the bladder and the rectum detected. Men who are adepts in other departments of medicine are often skeptical in regard to the possibilities of accomplishing all this, simply because they are much less thorough in examining women presenting

themselves with pelvic disturbances than in examining other types of disease.

However valuable the bimanual may be as a method of diagnosis, it seems more than probable that it will prove equally useful as a method of treatment. Although "uterine massage" was introduced and practiced more than twenty years ago by Thure Brandt, of Stockholm, yet owing to the fact probably, that Brandt is not a physician, it did not become popular until taken up by Bandl, of Vienna, Nissen of Christiania and Prof. Shultz. The impress which it has made upon the profession can not better be shown than by noting the fact that the present President of the British Gynæcological Society in delivering his inaugural address, took for his theme this subject.

The principle is simply an old one with a new application. The value of massage, of pressure and of extension have long been recognized in treating many and varied lesions. By applying the process to the various pelvic abnormalities, it is possible, so say its advocates, to stretch and break down adhesions, reduce subinvolted uteri and even cure the worst forms of uterine prolapsus. While these claims may be somewhat extravagant, there can be no doubt of the utility of the method in numerous cases. We have seen pelvic exudates so extensive as to apparently mould a retroflexed uterus in the posterior cul de sac melt away and free the fundus under a three months course of "massage" treatment, aided, to be sure, by the more persistent pressure of a cotton-wool tampon; we have seen repeatedly the uterosacral ligaments, shortened and thickened by inflammation, return to their normal condition by gently forcing the cervix forward at regular intervals; and we have seen both in hospital and in private practice, engorgement and hyperplasia in badly involuted uteri disappear under bimanual pressure. Careful observation has, therefore, convinced us that this second development of bimanual examination is of the greatest utility, and its claims as a useful and scientific procedure can no longer be ignored.

The *modus operandi* of Brandt's method is briefly described by Dr. Macon in the following words:

"The treatment itself consists of two parts, the first being

the elevation of the uterus. To carry this out the aid of a skilled assistant is necessary, whose duty it is with one hand to elevate the uterus from the vagina, and to keep it in a state of ante flexion, while his other hand is laid on the abdomen exactly over the uterus. The latter hand indicates to the operator the exact position of the fundus. Standing now at the foot of the couch or sofa on which the patient is lying, the operator lays his two hands, strongly supinated, flat on the abdomen, the fingers being pointed towards the pubes, and grasps the fundus between them, its position, as already said, being indicated by the hand of the assistant that is on the abdomen, while the fingers of the other hand of the assistant, which are in the vagina, prevent the fundus being pushed out of reach of the hands of the operator. Having firmly grasped the uterus the operator raises it steadily upwards in the abdomen, in the axis of the pelvis, watching the face of the patient the whole time. This is necessary, as the slightest expression of pain is an indication to desist or to go more slowly. In this way the uterus can be elevated as much over its normal level as it had formerly been prolapsed. When the uterus has been elevated as far as is possible it is allowed to slip gently from between the hands, and sinks slowly in the abdomen. The duty of the assistant is now to receive the uterus as it descends on his finger which has remained in the vagina, and to keep it in a condition of ante flexion. This movement of elevation is repeated two or three times at each sitting, a few minutes' interval being allowed between each, during which time the assistant massages the fundus in order to arouse it to contraction and thereby lessen its bulk.

"The second movement now follows and consists of forcible separation and forcible closure of the knees. To carry it out the patient should be placed in the exaggerated stone position, and closing the knees and thighs should elevate the sacrum from the couch, so that the body rests on the elbows and feet only. While in this position the operator forcibly separates the knees, the patient resisting as much as possible. This is repeated about three times. The contrary movement is now practised, the patient lying with the knees widely separated, and the operator bringing them forcibly

together. This is also repeated three times, and closes the sitting. The patient now turns over gently on the face and remains in that position for from five to ten minutes. It is well, when it is possible, for the patient to remain in the recumbent position for the first few days of the treatment, but this is not essential.

"The treatment is repeated daily till the cure is effected, the time required varying greatly, but being usually from four to eight weeks.

"Thure Brandt recommends this treatment to be supplemented by other exercises, such as are known under the general name of Swedish gymnastics.

"That total prolapse of the uterus is capable of permanent cure by this method is beyond doubt, and I have myself seen one of Dr. Smith's cases in which no return of the prolapse had occurred six months after the termination of the treatment. In some cases the method will probably fail, viz., in old people in whom there is a badly ruptured perineum."

BOOK REVIEWS,

REPERTORY TO HERING'S CONDENSED MATERIA MEDICA. Published by the Homœopathic Medical Society of Pennsylvania. Pages 432. Philadelphia, 1889.

The Pennsylvania Society is certainly to be highly commended for the laudable enterprise it exhibits in all its transactions. But the crowning sheaf of their efforts is the magnificent work in which the members are engaged at present, the preparation of a complete repertory to Hering's *Materia Medica*.

We are in receipt of the first fascicular of their grand undertaking. It contains repertories of the "Lower Extremities," by John L. Ferson, M. D.; "Male Sexual Organs," by Chandler Weaver, M. D.; "Appetite, Thirst, Desires, Aversions," by Edward Cranch, M. D.; "Outer Chest," by S. F. Shannon, M. D.; "Stomach Symptoms," A. P. Bowie, M. D.; "Aggravations with Reference to Mental Symptoms Only," by Z. T. Miller, M. D.; "Symptoms of the Tongue," by Eduardo Fornias, M. D.; "Symptoms Occurring During Preg-

nancy," by Theodore J. Gramm, M. D.; "Heart Symptoms," by E. R. Snader, M. D.

Other sections of the work will be ready for publication at the time of the annual meeting, Sept. 17th. To defray the expense of publishing, a per capita tax was levied last year.

If every State Society would concentrate its efforts and genius in the direction exemplified by the Pennsylvania Society, our literature would soon be enriched with practical, tried material. The great trouble with a large per cent. of the publications to-day is, that they are what may be styled "arm-chair productions;" that is, they arise from the experience and imagination of *inexperienced* men. It seems to be considered by some that the acme of success, the golden excelsior, is reached when their names are added to the catalogue of a book publisher, as an author of a work on "So and So."

When the fact is thoroughly understood that the profession needs practical, well tried and established *truths* rather than vague, experimental, visionary *theories*, then it is that we shall have a literature that is valuable as an entirety. It will not then be necessary to search for the "two grains of wheat hid in the two bushels of chaff."

To the Editorial Committee, Drs. J. C. Guernsey, Charles Mohr, and E. R. Snader, is due much credit for the symmetrical arrangement of the symptoms. The general tone shows that much care has been exercised to make this a finished work. It is to be regretted that the edition will not be large enough to much more than supply the members of the Society, but we are sure the demand will be such that future editions will be forthcoming.

A LABORATORY GUIDE IN URINALYSIS AND TOXICOLOGY. By R. A. Witthaus, A. M., M. D., Professor of Chemistry and Physics in the Medical Department, University of New York; Member of the American Chemical Society and of the Chemical Societies of Paris and Berlin, etc. Second edition, pages 73, with intervening blank pages. New York: William Wood & Company, 56 and 58 Lafayette Place, 1889.

To the beginner in this branch of medical science the author has given an easily understood and brief compend which cannot but be appreciated. The general rules laid

down in the opening paragraphs are excellent, and their adoption or rejection will insure as we know from sad experience, the success or failure of an examination of the urine. Both quantitative and qualitative analysis are treated fully enough to be complete and briefly enough not to be tiresome.

In addition to the analysis of urine there is a division on the detection of poisons. This is a subject upon which the average medical man must profess ignorance, but in this little book the directions are so simple and plain that there is no excuse for further lack of knowledge.

The publishers have done their share to make the work a popular one by binding it to open the long way and printing on one side of the leaf only. It can be placed in front of the chemist and thus easily consulted. It is truly a practical, useful handbook and deserves to meet ready sale.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Consisting of original treatises and of complete reproduction, in English, of books and monographs selected from the latest literature of foreign countries, with all illustrations, etc. Volume III, Number 2 (August). Monthly, \$10.00 per year; single copies, \$1.00. New York: William Wood & Company, 56 and 58 Lafayette Place, 1889.

This number contains "The Treatment of Syphilis at the Present Time," by Dr. Maximilian von Zeissl; "The Treatment of Inebriety in the Higher and Educated Classes," by James Steward, B. A.; "Manual of Hypodermic Medication," by Drs. Bourneville and Bricon.

The article on Inebriety is a valuable one. The author claims that a full year is necessary to complete a cure. This is quite antagonistic to the chloride of gold treatment, which requires but three weeks, but it appeals more directly to common sense than does the shorter method.

The best thought of the day is brought to bear upon the Treatment of Syphilis, which is thoroughly considered in this volume.

Hypodermic Medication is exhaustively considered and is an encyclopedia of completeness. To the physician who employs that method of treatment to any extent, this article is a mine of treasure.

DR. F. BAGSHAWE has an excellent article in the August *Sanitarian* on "The Preventive Side of Medicine." He speaks of all the sanitary means of limiting disease.

THE *Clinique* has been publishing, in parts, a paper read before the Illinois State Homœopathic Medical Association by Dr. C. E. Laning. In it the author seeks to prove that "All diseases are due to some lesion of the nervous system." The article deserves careful perusal.

THE *California Homœopath* for August came to us, as it always does, full of good things for the faithful Homœopath. This is the only homœopathic journal published west of the Rocky Mountains, but from the spirit of its articles and the number of its personals we are sure Homœopathy is strong on the shores of the Golden State.

THE September *Popular Science Monthly* embodies articles of unusual interest. Prof. Huxley writes on the "Value of Witness to the Miraculous," and also has a letter written to the Lord Mayor of London, landing Pasteur's labors in his contributions to science. An illustrated paper on "Animal Life in the Gulf Stream," by Ralph S. Tow attracts the attention of the reader as he glances over the column.

WITH the September number the *Forum* enters its 8th volume, and its publishers announce that there has not been a single month in its career when it has not made a permanent increase in its number of readers. Its subscribers at the beginning of the 8th volume are fifty per cent. more than they were at the beginning of the 6th volume, one year ago. This is proof that the kind of articles which the *Forum* presents—discussions of important present problems by the best writers that it can employ—finds an increasing number of readers.

The leading article in this number is an appeal to the American people by Thomas Hughes, author of "Tom Brown at Rugby." Mr. Hughes asks that American sympathy be given to the cause England as against Ireland, in the same way that English sympathy, under the leadership of himself along with John Bright and other Englishmen, was given to the Union cause in America, as against the

Confederacy. Mr. Hughes's article contains incidentally also a criticism of Mr. Gladstone's career, whom he calls "the lost leader." Other political articles are, "The Spoils of Office," by Goldwin Smith, who compares the outlook for civil service reform in the United States with what has been achieved in this way in other countries; and a defense of Henry George against his critics, by Thomas G. Shearman. Mr. Smith's sympathies are with the civil service reformers, but he asks some very hard questions in his discussion of the relations of patronage and party government. Mr. Shearman makes a calculation to show that three-fifths of the wealth of the country is owned by a little more than 30,000 men.

THE complete novel in the September number of *Lippincott's Magazine* is from the prolific pen of Edgar Fawcett, author of "Douglas Duane," "Olivia Delaplaine," "An Ambitious Woman," etc., etc. It is a brilliant and entertaining romance of a startling and original character, and will doubtless excite wide interest and attention. A timely article is contributed by Charles Chauncey Binney upon "The Australian Ballot System." This system has been adopted in both Australia and England, and has scored a success. In a slightly modified form it has been recently introduced into some of our State governments, and time alone will prove its value. It may be that it will come to be generally adopted in this country. Mr. Binney is a warm advocate of the system, and gives a lucid explanation of its workings and of the benefits to be derived from it.

VARIOUS TOPICS.

DR. E. T. M. HURLBUT, of Los Angeles, Cal., in the *California Homœopath*, relates several cases of rhus toxicodendron poisoning in which he effected cures by the administration of *cypridium spectabile* or *C. pubescens*. The action of this remedy upon the skin is almost identical with the poison oak. Dr. Hurlbut uses drop doses of the tincture at intervals of one hour. He says the antidote may also be used externally.

DR. J. R. MORGAN, of Kokoma, Ind., reports the birth of a wonderful monstrosity. It consists of a pair of girls with heads,

arms and legs normal, but with bodies joined at the abdomen. In each case the spine curves to the left and the legs of each child are upon the left side; between these are located the vagina and anus, the regulation number for each girl, both performing their proper functions. One child sleeps while the other is awake and both are lively and have every chance of living to maturity.

THE following banquet song, dedicated to the American Institute of Homœopathy by Dr. T. P. Wilson, of Detroit, was sung at Lake Minnetonka at the last session :

HAIL TO THE MERRY, MERRY THRONG.

I.

Hail to the merry, merry throng,
That gathers round our festal board,
Come join in this our happy song,
Clasp hands and speak the mystic word,
Si-mil-ia!

CHORUS.

We will sing and will speak thy praises,
We will sing and will show thy glory,
Si-mil-ia!

II.

Our banner floats on every breeze,
Similia is written there,
With fearless hands its staff we seize,
And on to certain victory bear,
Si-mil-ia!

CHORUS.

III.

Let cowards shrink, and traitors flee!
Let Envy curl her lips with scorn.
On every land and every sea,
Similia brings the light of morn.
Si mil-ia!

CHORUS.

IV.

Then let us as in other days,
Be ever faithful, pure and true,
And keep Truth's sacred fire ablaze,
'Till we again our troth renew.
Si-mil-ia!

CHORUS.

MEMORANDA.

The Wisconsin Clinical Society met at Jonesville, July 18th.

On dit there is to be a Pasteur Institute in Chicago very soon.

The American Society of Microscopists met in Buffalo, August 20th.

A Society of Hygiene and Public Health has recently been founded in Rome.

The Western Academy of Homœopathy met in Rock Island, Ill., August 28th to 30th.

Prince Edward's Island, with a population of 150,000, has recently had one thousand cases of pneumonia.

The quarterly meeting of the Western New York Homœopathic Medical Society met at Buffalo, July 12th.

The American Public Health Association holds its annual meeting in Brooklyn, on October 22d to 25th, 1889.

A resolution has been introduced in Parliament to abolish the Faculties of Medicine in the Scottish Universities.

Bologna opened, on June 30th, an Istituto Anti-rabbico, or institution for the treatment of rabies on the Pasteur method.

The practice of drinking cologne is becoming very common both in Europe and America. Obscure nervous disorders result.

It is said that the John Hopkins University Medical Department, of Baltimore, is to have an obligatory five years course.

The Womans' Homœopathic Hospital Association of Philadelphia has commenced the erection of an addition to cost \$20,000.

The German Medical Congress has recommended that drunkenness be recognized as a reason for placing a person under trustees.

The French Medical press tells us that the Medical Department of the University of Paris displays a flag whenever a confinement is in progress in the Obstetrical Ward. The color of the flag indicates the kind: a blue flag shows that the confinement is a simple

one, a yellow flag that the labor is difficult, and a green flag that an operation is necessary.

The Austrian authorities recently raided the drug stores of Vienna and confiscated all the "safe-cure" preparations they could find.

The London Homœopathic Hospital will be rebuilt as soon as the necessary funds are subscribed. A liberal amount has already been promised.

The Supreme Court of New Hampshire has declared the law requiring a license for the practice of medicine and dentistry unconstitutional.

A society has been formed in Vienna to provide for the comfort of students who are ill. A hospital is about to be established for their accommodation.

Professor Pietro Loreta, of Bologna, by whose name the operation of resection of the liver is known, killed himself on July 19th. He was afflicted with melancholia.

At the August meeting of the Omaha Homœopathic Medical Association, the hospital project was discussed and it was decided to begin work at once to carry out the plan.

The German Medical Congress has resolved that the obligatory period of medical study, including the term of military service, should be fixed at not less than five years.

The Homœopathic Medical Society of the State of Pennsylvania will meet at Pittsburgh on the 17th, 18th and 19th of September. This is one of our very best working societies.

The semi-annual meeting of the Homœopathic Medical Society of the State of New York, meets at Rochester, September 17th and 18th. The members anticipate a valuable meeting.

There will be a vacancy on the staff of resident physicians at the Pittsburgh Homœopathic Hospital on October 1st. The appointment is for eighteen months. Applications are in order.

A prize of \$400 and a gold medal for the best essay on "John Howard in the History of Prison Reform," in memory of the British philanthropist who did so much toward the improvement of the prisons in Russia, are offered by the Russian Government.

The essays must be written in Russian or in French and the prize is open to general competition.

Dr. Pagel, of the Royal Library of Berlin, has found there the manuscript, in Latin, of a work on anatomy, written in 1304 by Henri de Mondeville, surgeon to Philip the Handsome, of France.

Dr. W. A. Ewing has been appointed Sanitary Superintendent of the Board of Health of New York City, in the place of Dr. W. D. Day, resigned. The appointment is for life, with a salary of \$4,800 per year.

The Pittsburgh Homœopathic Hospital has been so crowded as to necessitate the appointment of a third member to the staff of Internes. Dr. J. R. Gleason, a graduate of Cleveland, '89, is the appointee.

Edward Atkinson, L. L. D., the distinguished American economist, will present a paper at the next meeting of the American Public Health Association upon Scientific and Economic Methods of Cooking.

The Homœopathic Society of Central Iowa held its twelfth annual meeting at Cedar Rapids, July 17th. "Pneumonia and its Complications" was discussed. J. G. Gilchrist of Iowa City was elected president.

Wire pulling for the executive offices in the revision of the U. S. Pharmacopœia has already commenced. The first name proposed for the chief executive is that mentioned by *Notes on New Remedies*, Charles Rice, Ph. D.

We are in receipt of the annual catalogue of the Michigan Mining School, located at Houghton. The school is in a prosperous condition, has forty students at present. The course requires three years of study, the first term beginning September 19th.

Insanity is rapidly increasing in Russia. The official report shows that the middle and upper classes are especially affected and the years immediately succeeding puberty are those in which the disease shows itself in the greatest number of cases.

The formal opening of the Rochester Homœopathic Hospital will take place on the 18th of September. A reception to the public precedes the admission of patients. Much credit is due the instigators of the plan to erect the hospital; which is a noble monument to Homœopathy.

The Trenton, N. J., Homœopathic Hospital was formally dedicated June 6th. A street parade, music, speech making, and a banquet were indulged in by the citizens and invited guests. Dr. Isaac Cooper gave a history of the new hospital from its conception two years ago. The address of the day was delivered by William N. Barringer, Superintendent of the Public Schools of Newark. He pointed out the great worth of such an institution, and told what noble charities they are.

The Detroit International Fair and Exposition, to be held September 17th to 27th, bids fair to meet with grand and unrivaled success. The grounds and buildings are magnificent and do credit to the beautiful City of the Straits. The Main Building is the largest fair building in the world; it overlooks the Canadian shore and the passing commerce of the Great Lakes. The citizens of Detroit are waiting in bustling anticipation to do the honors to the visiting thousands who will drink in the pleasures of the gala week.

PERSONALS.

Dr. J. A. McLachlan, U. of M., '89, has located at Dayton, Washington, with Dr. Day. We are sure the new firm will prosper.

Dr. D. S. Gifford, of Bedford, Mich., died July 16, in his fifty-first year.

Dr. S. T. Clark has changed his field from Constantine to Sturgis, Mich. The COUNSELOR wishes him success in his new home.

Dr. E. P. Wilmot, of Franklin, Pa., has been appointed a member of the board of examining surgeons. He is the first homœopathic physician in Western Pennsylvania who has received a government appointment.

Dr. J. B. Vance, U. of M., '89, has located at 701 N. Sixth Street, Springfield, Ill. We wish for our friend the very best of success in his chosen field, which is undoubtedly a good one.

Dr. John McLachlan has retired from practice at Holly, Mich. He goes East to devote his time to a specialty. Dr. W. N. Fowler, U. of M., '89, steps into the place vacated by Dr. McLachlan. May his shadow increase in rotundity and the best of success follow the practice of his chosen profession.

We are pleased to learn, through Dr. J. S. Campbell, of the success of Dr. M. J. Lyons, U. of M., '87. She is located at Cadiz, Ohio, and has a large and lucrative practice, principally in diseases of women. Cadiz is a place of 2,500 people and is the county seat. May the Doctor's practice continue to grow.

THE
MEDICAL COUNSELOR.

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ARTICLES IN MEDICINE.

HYSTERO-TRAUMATIC AMBLYOPIA. CONSIDERATIONS
ON BINOCULAR VISION AND AMBLYOPIC
REFLEXES.*

Translated from the French by H. H. CRIPPEN, M. D., SAN DIEGO, CAL.

I wish, on the occasion of a case which lately presented at my clinic, to call attention to certain peculiarities of hysterical amblyopia.

Dup—, a man of 28 years, of vigorous constitution, came to the clinic, March 1st, to obtain a certificate, stating that he had lost the vision of the right eye. The loss of vision, according to his story, had been produced on the 19th of February, in consequence of the stroke of a whip in the hands of a coachman during a dispute. The coachman had been arrested and damages were claimed.

The inferior lid of the right eye presented a slight ecchymosis and a superficial erosion of the skin. The globe did not present any lesion, the papilla was normal and a second examination on the 5th of April, did not reveal any modification of the optic nerve. The pupils reacted normally to light and convergence. The left eye being closed, the patient declared that there was a sensation before the eyes of a thick fog through which he could distinguish nothing, not

* Read before the *Societe D'Ophthalmologie de Paris*, June 4th, 1889, by M. Parinaud.

even the flame of a lamp. However, if I had him look in the stereoscope, and if I showed him an object in each compartment successively and unknown to him, I found the object was seen by each eye. Besides this, without taking any precautions against simulation, if I placed before the left eye (the good eye) a prism, base up, and had the patient look at a square of paper, he declared that he saw two squares, and if I covered the right eye, it is the superior image, that belonging to the right eye, which disappears. Then according to these experiments we could conclude that there was deception. But, the patient does not simulate. For, pursuing the examination, I found that the left eye was not completely sound. There was concentric narrowing of the visual field. No dyschromatopsia. The visual field for red and that for blue were even more extended than that for white, a peculiarity that I have often found in hysterical amblyopia. The patient complained of *micromegalopsis*, that is to say, of a shrinking or of an enlargement of an object accordingly as it was approached to or drawn away from the eye; finally he had monocular polyopia, which disappeared with the appropriate spherical glass. These last two symptoms were due to a contracture of the accommodation which adapted the eye for a distance of about 20 centimetres. At this distance, $V = \frac{1}{2}$. The fundus was normal in this eye.

These peculiarities established, without doubt, the hysterical nature of the visual trouble. I will add that there was a certain degree of cutaneous anæsthesia, more pronounced on the right side, and a total anæsthesia of the pharynx, which permitted me to thrust the finger as far as contact with the epiglottis without provoking movements of deglutition.

Thus, this individual was manifestly hysterical. Now, in that which concerns *hysterical monolateral amaurosis*, I have found for some years that *an eye which does not see in monocular vision, when the fellow eye is closed, can see in binocular vision, and particularly in stereoscopic vision.* Permit me to enter into some details on this fact, and on the consequences derived from it.

In the course of the researches that I have made, during

seven years past, on the binocular fusion of colors with the aid of the stereoscope and of the complementary colors obtained by the polarization of light, I had the idea of experimenting on hysterical subjects, who in one eye saw red well and in the other did not see the complementary green. With these two colors, placed each in one of the compartments of the stereoscope, patients realized the sensation of *white*. By suppressing the red, I found besides that, in these conditions, the amblyopic eye saw the green perfectly.

Charcot et Féré have made the following observation: "In a hysterical subject seeing the green with one eye and not distinguishing it with the other, if a prism, base up, was placed before the sound eye, and a square of green paper presented, the two images, in place of being one green, the other grey, as in vision with each eye separately, were both green."

Later, I have found that hysterical subjects, completely amaurotic in one eye, the other being closed, see positively with both eyes in binocular vision. I have varied the experiments by using in a stereoscope a prism placed before one eye, with a colored glass to distinguish the image of each eye. The results have been concordant and establish clearly the existence of binocular vision. In some patients the amaurosis did not disappear in binocular vision; either the amblyopia was too pronounced in the better eye or binocular vision had not existed, or had existed only imperfectly, before the appearance of the nervous disease.

The return of vision concerns only the central portion of the field. The peripheral visual field remains narrowed or abolished entirely.

The visual acuity becomes nearly equal to that of the other eye, if there are no ocular causes for diminution of vision; one can be assured of this by the stereoscope, or by the method of doubling, with the aid of a prism, Snellen's test types. The two images are distinctly seen provided the prism is not too strong. It is thus that I found, in the subject whose case I have reported, that the right eye, which did not distinguish the flame of a lamp in monocular vision, had $V = \frac{1}{2}$, like the left eye in binocular vision.

These facts tend to establish:

1. *That there are distinct cerebral centers for peripheral and central vision.*

2. *In that which concerns central vision: that in monocular vision each eye is in relation with the opposite hemisphere; that in binocular vision the two eyes put themselves in relation with a single hemisphere which may be the right or left indifferently.*

We may think with perfect reason, although the material proof cannot be given, that in hysteria the lesion or dynamic trouble, which determines the paralyzes or anæsthesias, is seated in higher regions of the brain, in the cortical layer. It is in this sense that one can call hysterical paralysis *psychical paralysis*. Let us suppose the left hemisphere diseased and the right hemisphere healthy. In monocular vision the eyes effect a crossed relation; the right eye will be amblyopic and the left eye sound. In binocular vision the two eyes can put themselves in relation with a healthy hemisphere, the amblyopia of the right eye disappears. Inversely, if one could put both eyes in relation with the diseased hemisphere, both would become amblyopic. Now, there are certain cases where one can realize this experiment, it is when the amblyopia is double and the dyschromatopsia monolateral. Repeating the experiment of Charcot and Féré, I have observed several times that both images of the green paper became grey, if, in place of putting the prism before the eye which sees the color monocularly, one places it before the eye affected by the dyschromatopsia. This *contra* proof has appeared to me very conclusive.

These relations of the eyes with the cerebral hemispheres, in that which concerns central vision, gives us a glimpse of the nature of the amblyopia of strabismus, and gives us likewise an account of the causes which oppose the re-establishment of binocular vision after the operation. The amblyopia of strabismus, which alters the central vision and respects, at least during a long time, peripheral vision, results from the rupture, or, better, the defect of development of the connections which unite the eyes to the visual centers for binocular vision. In alternating strabismus, the crossed connections exist for each eye, but the bilateral connection is defective. It is not the amblyopia by itself which opposes the establishment of binocular vision, after the operation,

for this re-establishment is also difficult, and perhaps more difficult in alternating strabismus, where there is no amblyopia. I operated a little time ago, and in the same day, on two children, affected by alternating strabismus, with a visual acuity equal and normal in the two eyes. Now, in spite of a satisfactory correction, it has been impossible to develop the perception of double images. The children see well in each eye, but in spite of the correction of the deviation they do not have binocular vision. It is not impossible that in cases of this kind, the return of binocular vision may be more difficult than in cases of monolateral strabismus with a certain degree of amblyopia, because the crossed connection being solidly established, so to speak, the eyes have less tendency to utilize the bilateral connection which is imperfectly developed.

Let us return to our patient. I have demonstrated that he is hysterical, that he does not simulate with regard to the existence of an amaurosis of the right eye, the left being closed, although he sees with each eye in binocular vision. One other question remains: does he simulate concerning the cause of his amaurosis, which he relates as a traumatism? Here I can affirm nothing positive. It is possible that the amaurosis may have antedated the traumatism, but we can say to-day, thanks to the labors of M. Charcot, that the version of this man is quite admissible. Not only can traumatism develop local accidents in individuals already hysterical, but it can provoke them in the form of divers anæsthesias. paralysis of an arm, paraplegia, etc., without the presence of previous hysterical accidents. These facts are not only possible, but are very frequent, especially among men, to judge of the rapidity with which cases are presented since we have learned to recognize them.

I have already reported in my memoir on "*Anæsthesia of the Retina*" a case of amblyopia following as a consequence of a very slight traumatism, acting on the bridge of the nose, which presented all the characteristics of a hysterical amblyopia. On that occasion I offered the opinion that those amauroses or amblyopias, called reflex, of which the history is obscure, are probably of a hysterical nature. A third case that I have observed lately at La Salpêtrière, and which has

been made the object of a lesson by M. Charcot, confirms again this view.

It is remarkable, in the production of these amblyopias, as well as in other hystero-traumatic accidents, that the traumatism is sometimes very slight, but that it is accompanied by a moral shock which is an important factor in the pathogeny of these accidents. In two cases, it was during a dispute that the traumatism took place; in the third case the patient received in the face a jet of flame, which caused only a slight burn in the region of the orbit, but he was deeply impressed by the fear that the eye was burned.

It is not only excitations of the orbital region or of the face which can be the determining cause of hysterical amblyopia. The visual troubles caused by intestinal worms appear to be of the same nature. Since my attention has been called to this question, I have observed two cases, in children, and I have been able to assure myself that they were affected by hysterical amblyopia.

The first case is that of a boy: Abouc — 14 years, came to consult me in 1886 for a visual trouble dating back one year. I found a double narrowing of the visual field with the contracture of accommodation and the monocular polyopia which characterizes hysterical amblyopia. The fundus oculi offered no lesion. The visual trouble having appeared in this child only a little after we had found that he had a tænia, I thought that the helminthiasis was not foreign to his amblyopia. The child was sent to M. Laboulbène, who relieved him of his tænia. From this moment the amblyopia disappeared spontaneously, and, as the boy is still in a pension of Paris, I am able to state that the visual trouble has not returned.

Incontestably, in this child, the amblyopia was determined by the tænia, but besides offering the characteristics of hysterical amblyopia, it is not without interest to know that the mother and sisters of the patient had suffered from hysteria, and that he had, at the same time with the amblyopia, an aphonia which had been treated by M. Gougerheim with electricity, and which was probably of the same nature.

The second case is that of a young girl, now being cared for at my clinic. She is a child of scarcely twelve years, and

has not yet menstruated. She has a double hysterical amblyopia, very characteristic and complicated by a *convergence contracture*. Now, this child has a tænia which I am positive relates, as in the previous case, to the amblyopia. She has not so far had any other manifestation of hysteria, but her mother has had hysterical convulsions. We have not yet been able to relieve her of the intestinal worm.

Thus, outside of the well known facts where a periorbital traumatism determines the amaurosis of an eye by rupture or compression of the optic nerve, where the vision is altered in consequence of a traumatism of this kind, one should seek for hysteria as the cause. It is probable that amblyopia and other ocular troubles, such as blepharospasm, that one explains by a reflex action having its point of departure in a traumatism of the face, in a lesion of the nasal mucous membrane, in a diseased tooth, or in the presence of intestinal worms, are of hysterical nature and comparable to other hystero-traumatic accidents.

QUEBRACHO AND ITS ALKALOID (ASPIDOSPERMINE) IN DYSPNŒA.

By EDWIN M. HALE, M. D., CHICAGO.

This medicine well deserves the name "Digitalis of the Lungs." It seems to possess a power, singular and specific, over abnormal respiration when amounting to dyspnœa from almost any cause.

I have used it for more than ten years, especially in cardiac dyspnœa. I made mention of it in the third edition of "New Remedies" in 1878, and again in the third edition of my work on "Diseases of the Heart."

I have found that it almost uniformly gives relief in dyspnœa, if it does not cure, and it often cures obstinate cases of obscure origin. It has been observed regarding its action, that "the frequency of respiration is diminished by the drug, the more decidedly, the greater their excess has been over the normal conditions." To illustrate its therapeutic action, I will refer to many cases published in *The Therapeutic Gazette*, during the last four years. Some of the most notable were reported by Dr. Walter P. Ellis, in Volume XII, pages 14, 15, and 16.

CASE I.—Was a case of severe dyspnoea from abdominal dropsy. Relief was always obtained from two grains of the solid extract, repeated every two or three hours.

CASE II.—Bronchial catarrh with emphysema. Great relief, with ability to labor, was obtained from the same doses.

CASE III.—Tubercular phthisis, with great dyspnoea of an asthmatic character, forty drops of fluid extract, repeated as often as required, gave great relief, bringing the respirations down from forty-six to twenty-four.

In the same volume, Dr. Taylor, of Wakefield, R. I., reports a notable case, a girl of 15; periodic asthma; worse when working in a worsted mill. After taking xxx minims tincture quebracho three times a day, she was able to work in the mill with comfort, but if she omitted the medicine a day, the dyspnoea returned. He says he has saved the lives of several old people, with pneumonia, by its tonic action on the failing respiration.

Dr. Baird (*Ther. Gazette*) reports a case of a lady 18 years of age. The dyspnoea "almost amounted to asphyxia," a twenty gtt. dose of the fluid extract every two hours, would relieve for twenty-four hours.

Dr. Burkhart (*British Medical Journal*), speaks in high terms of it. He tried it in a case in which the dyspnoea was associated with *emphysema of the lungs, atheroma of the arteries and degeneration of the cardiac muscles*, and in every case the quebracho afforded immediate relief.

I have italicized the above for the reason that I have found this medicine very useful in many cases presenting the above conditions. The patients were generally large heavy men, who had been high livers. One had an attack of apoplexy, but had recovered so that he could walk, had it not been for the great dyspnoea. Two grains of the extract gave him freedom from the loss of breath. Quebracho seems to resemble coca and arsenic in its power of relieving difficult respiration from walking, ascending heights, etc., in perfectly healthy persons.

Dr. Penzoldts, who was the discover of this power of the drug over dyspnoea, experimented on himself, as to its effects in diminishing shortness of breathing in climbing hills. On three following days he ascended the same height in the

same period of time. On the first day without quebracho, his respiration rose from 16 to 40, his pulse from 64 to 94. On the second day, half an hour before starting, he took 15 grammes of Penzoldts' extract, and reached his destination with respirations at 30 and pulse 80, feeling also in every way easier. He was able to smoke during the ascent, which he was not able to do without the quebracho. On the third day he took none of the drug and his symptoms were like those of the first day. He says he gave it with good results to two persons without evident organic disease, who could not walk fast without losing their breath. He sums up his experience as follows: "The dyspnœa of emphysema seems from all accounts to be most relieved by this drug: in that of phthisis this effect is uncertain, as well as in œdematous conditions of the lungs from renal disease, but in some cases of cardiac dyspnœa and even spasmodic asthma have been benefitted by it."

Not long ago I was called to see a boy of ten, who was annually the victim of hay fever, which usually run into spasmodic asthma. At the time I was called he had not had any sleep for several nights; had been obliged to set bolt upright all the time, and his breathing was so labored that he was a most distressing object. I gave ipecac and hyosyamus, but his next night was as bad as ever. I then determined to try aspidospermine, an alkaloid of quebracho, which I procured of Parke, Davis & Co. Thirty grains were triturated with 500 grains of milk sugar. Of this I prescribed three grains every two hours. (The maximum quantity which can be given in one day according to mercurius is one-tenth grain).

The next night the patient could lie down and got several hours good sleep. The medicine was continued several days with continuing improvement, when his father took him away to Ashland, Wis., the Paradise of sufferers from hay fever. I have since used it in a similar case in an adult, with good results.

Dr. Berthald relates that in a case of spasmodic asthma the respirations fell from 64 to 30 after three doses, with general improvement in the symptoms. In another case when the asthma depended on emphysema, the usual attack—last-

ing three weeks—was arrested in five days. In a case of mitral incompetence and stenosis, quebracho relieved the severe nocturnal dyspnoea most decidedly.

In a case of fatty degeneration of the heart it gave great relief, but had no influence over the œdemas which digitalis removed.

One of the most interesting cases in which I (Hale) have used quebracho, was that of a man aged 65, weight 250 lbs. He had fatty degeneration of the heart, emphysema of the lungs and angina pectoris. He had not been able to leave his chair for several weeks; the dyspnoea was so great that he could not move a few steps without great discomfort; he had agonizing angina several times a day, and often in the night; and heart failures seemed imminent any hour. He had been given digitalis, iodium, potassium and amylium, with only slight relief.

I prescribed strophanthus ten gtt. three times a day, with one-sixtieth grain strychnia. This greatly strengthened the action of the heart, but did not relieve the dyspnoea. Two grains of quebracho was given every three hours, which had a very happy effect, enabling him to walk about the house, but the attacks of angina *at night* were just as bad, and amyl had only a very transient effect. Four drops of a one-hundredth solution of glonoin (nitro-glycerine) was given at bed time, which prevented the nocturnal angina pectoris. He takes all three remedies and will not omit one, if he does, the symptoms return. He is incurable, but he has been made comfortable for several months, and probably will be for several more, until fatal heart failure occurs from some untoward cause. I have reasons to believe that the alkaloid has a better action than the fluid or solid extract. The dose required is so small, that when trinturated with sugar or milk, even children take it readily.

Even in as small doses as the one-hundredth and one five-hundredth of a grain it acts promptly in asthma of miller and palliates the distressing breathing of spasmodic croup.

It needs full investigations, by experiment, on healthy men and animals before we can know just the sphere of its

curative powers. So far, we only know that it is a patent and valuable palliation.

So much for its therapeutic power, or rather, for its physiological effects in disease. The question now arises—What symptoms would a series of provings elicit? I have always maintained that if a drug cures any condition or symptoms, it is capable of causing similar symptoms in the healthy. If this was not true—the homœopathic law would not be a therapeutic law. And yet there are numbers of our school who are so blind as to deny it. Although quebracho has not been proven, yet we find enough in its recorded pathogenetic effects to substantiate this assertion.

1. Experiments on frogs gave complete motor-paralysis of central origin with paralysis of the respiratory organs, and diminished frequency of heart-beats from 54 to 60, down to 8 to 10.

2. In rabbits it caused paresis of the extremities and *difficult breathing*: and death, preceded by paralysis of the voluntary movements, *great dyspnoea* and terminal convulsions. Breathing was deepened and retarded.

3. In a heavy dog, *dyspnoea* was caused, with increase of frequency of heart-beats.

4. In healthy men, it caused, when climbing ascents, diminution of respiration from 42 to 30,—and the pulse from 94 to 80. It also causes, in too large doses, *dyspnoea*, headache, vertigo, partial unconsciousness, salivation, flushing of the face, drowsiness. And yet we have seen that it will relieve all the above symptoms, especially the *dyspnoea*. To sum up its effects:—primarily—it stimulates the nerves concerned in the functions of respiration. Secondly, it paralysis those nerves, even to failure of respiration, and death by asphyxia.

I may be criticized for using the apparently large doses, recorded above.

I contend that the *dyspnoea*, is only caused when quebrachs is given in massive or over whelming doses, or by its secondary effects.

Therefore we cannot relieve dyspnoea, etc., with minute doses. When we have a full pastrogenesis wherein all its symptoms, primary and secondary, are brought out, then we

shall be able to prescribe it more scientifically. We shall doubtless find it homœopathic to many neurotic conditions of the respiratory system, and be able to cure them by means of attenuated doses. The alkaloid, especially, may be found useful as high as the 6x and possibly higher.

ACUTE IODUM INTOXICATION IN A NEPHRITIC PATIENT.

BY DR. GERSON, PFORZHEIM.

Translated by S. LILIENTHAL, M. D., San Francisco, Cal.

A healthy young man wanted treatment on account of a subacute, circumscribed periostitis of the tibia, caused by a contusion, aqua goulard externally, and internally, solution of kali iod., 5 grammes to 150 water. After the first tablespoonful constant surging, coryza, dullness of head, pressure on forehead, drawing pains in sacrum, restless night. Took another spoonful in the morning, vomited his breakfast, red spots on chest. Two hours after taking the third dose at 2 P. M., he complained of obtuseness of head, general lassitude, headache, severe pains in sacrum, loss of appetite, thirst and metallic taste in mouth; conjunctivæ strongly ingested, pupils dilated with slow reaction and moderate photophobia. Nasal mucous membrane swollen, discharging copiously a watery mucus; nothing abnormal in fauces; discharge of saliva rather increased; tongue coated and moist. On the anterior surface of the trunk and arms a measly eruption of bright red color; pulse full, not compressible, 72; temperature, normal; heart's sounds clear and normal; stitching pains in renal region, even on slight palpation; urine 1026, dark, much albumen and a slight sediment of fatty granular cylinders and cells. After omission of remedy all symptoms disappeared, except lassitude and pain in back. Two days later the urine showed 1022, other state the same, and patient acknowledged to have passed through a renal affection about 18 months ago. We may suppose that the patient had suffered for some time from a chronic parenchymatous nephritis, and the diseased kidneys were unable to eliminate the drug, hence the symptoms of intoxication, and it was astonishing that in spite of several urinary analyses not a trace of Iod. could be detected in the urine. A similar case

was published by Dr. Wolff in the B. K. W. 35, 1886, where a woman suffering from chronic nephritis succumbed to a bulbous Iod. exanthema, two weeks after taking the first dose of the drug. She was also suffering from ascites, pleuritic exudations, and mitral insufficiency, whereas the young man enjoyed otherwise good health.—*Münch. Med. Wochenschr.* 25, '89.

CLINICAL TYPES OF THE HEART.

By PROFESSOR GERMAIN SEE.

Translated by S. LILIENTHAL, M. D., San Francisco, Cal.

The diseases of the heart are not distinct one from the other, only the same disease may take on different aspects. Its origin is always an endocarditis, a parasitory affection, having nothing in common with an inflammation. Under the latent and often distant influence of a specific disease, and especially of an articular or chronic rheumatism, the action of microbes is shown, well defined in the endocardium, less so in the articulations. Often after a typhoid fever, or a diphtheria, long forgotten, after a scarlatina, bad confinement, or after a micrococcic pneumonia, even after syphilis, better known by its violence than by its micro-organism, with one word, after an infectious or virulent disease, the disease establishes itself silently on the valves or muscles of the heart—thus always of microbic origin. In fact, we might say, there are only two diseases of the heart, an endocardia affecting the valves, or an affection in the tissue of the heart.

The third type of heart trouble shows itself by profound alteration in the arteries, as sclerosis or atheroma. Arteries, diseased by senility, by precocious age, by alcoholism, gout, diabetes, imprint their sign upon the tissues of the heart and on its arterial orifices.

A fourth type is coronary sclerosis, causing grave disturbances in the nutrition of the heart, adiposes of the heart, fibrous transformation and always a profound anæmia, this state is well-known as angina pectoris, and its cause may be looked for in an obliteration, or at least a fibrous atheromatous or calcareous shrinking of the coronary arteries. By the fundamental importance of its action, the blood of the coronary arteries rules the whole organization, the functions

of the heart, and thus the whole life, and coronary sclerosis takes thus, such an important place, for it is above all the cause of the anæmia with its terrible angor pectoris, the nutrition of the muscle is thus inhibited and fibro-sclerotic degeneration, follows which gives us

The fifth type, a retrogression of the fibro-connective tissue, bringing a new danger in connection with the alteration of the coronary arteries.

Sixth type. In consequence of the valvular lesions, be they of microbic or arterial origin, the heart suffers from hypertrophy or from dilatation. As the left heart is obliged to strive against an obstacle in the passage of the blood, on account of the shrinkage of its openings, or rather against the reflux of the blood backwards towards its point of departure, because the valves, destined to close these orifices, become insufficient, and again against an impediment spread on the course of the blood flowing in these deformed arteries, the heart is obliged to exert all its force, it becomes hypertrophic; when it tires out and gives out, its cavities become dilated. All these types intermix, and it is well that such a compensatory hypertrophy is able to restore the interrupted balance. But in tracing these types to their sources we have neglected individuality, the rich or poor blood which governs the nerves, the nervous system, especially that of the heart in relation to its regular rhythms.

This nervous state of the heart, the seventh type, deserves great consideration, as it often marks latent degenerative organic lesions of the cardiac muscles, not that it necessarily leads by the action or pain of the heart to a hypertrophic lesion, for the heart may beat very rapidly for months or for years; as we see it in palpitations, tachycardia, morbus Gasedowii, and still the cardiac muscle shows neither change nor fatigue. Vice versa, we meet patients with a slow heart, which in some cases may hint to danger; others complain of great sensitiveness in the precordial region, and after all it is only a cardiodynia or cardialgia, easily yielding to treatment. We meet strong and weak hearts, irregularly acting hearts and palpitations, without the least alterations in the organ, and our diagnosis may thus become rather difficult.

The pericardial, our eighth type, resembles closely the fundamental endocardial type in its evolutions, for it is also of microbial origin.

The ninth or aneurismal type arises from dilatation and aneurism of the aorta; the aneurisms of the heart itself are only of secondary importance; that of the aorta may leave the heart perfectly intact, and passes quite independently of the heart through its stages. All these types, except the nervous one, show a period of suffering, and a terminal, often fatal period. The first is often called asystolia, the second comprises the coagulations of the venous blood or thrombosis, the projections into the arterial system of coagulated fragments or of microbic colonies of the blood, embolism, causing softening or infiltration of blood in the embolic organs, or hæmorrhages, more rarely gangrene. Never neglect individualization and anamnesis.—*Tribune Med. de Paris*.

MEDICAL FORUM.

WHAT CURED YOUR PATIENT?

Next in importance to the recovery is the knowledge of the means that wrought the cure. In order that we may know what remedy cures, it is argued that only one remedy at a time should be administered. If this be complied with, then there is yet much ground for uncertainty. Improvement may have resulted simply from regulated hygiene and improved habits. These circumstances should be investigated in every case and everything made favorable for recovery, and thus the uncertainties of medicinal treatment may not be noticed.

In reply to our question, you may say that arnica 3x was the remedy prescribed, and recovery followed. I grant that the vial was marked "arnica 3x," but what may have been the contents of the vial? Let me call your attention to what it might have been in the average practitioner's office. The tincture has been procured at a pharmacy; the alcohol is from the same source. (To the homœopathist who uses drug store alcohol I have nothing to say). The physician prepares the lower attenuations. The bottles are all more or

less exposed to the dust of the office, even if kept in cases and drawers. Triturations are being made and powders poured from bottles with the cases open. And perhaps iodoform has been sprinkled on an old sore or a fresh wound. The particles that float in the atmosphere soon become visible on the lips of the bottles. The lip of the alcohol bottle often comes in contact with the lip of a vial wet with the lower dilutions, drawing up a drop or two to contaminate other vials. What are your attenuations when replenished from this alcohol bottle? "Arnica 3x" should be followed by an interrogation point. Perhaps you may take the precaution that I saw one of our best pharmacists take. The bottle was exposed on the shelf and the accumulated dust was wiped from the mouth with the finger.

The physician who uses prescription bottles over and over again, and renews his supply from the drug store, will find nothing of interest to him in this article. One of this kind of physicians used to have a rusty iron spatula that was used as a tongue depresser and to stir the powders in the bottles and mortar and to measure out doses.

A reference to these evils that may exist in any physician's office may lead you to think of others. That such evils may be remedied and the cause of homœopathy benefited thereby is the earnest desire of the writer.

Various means may suggest themselves to prevent contamination of remedies. The writer happened into a small pharmacy, in one of our eastern cities, where every bottle, large and small, was inclosed in cylindrical pasteboard boxes like the paper vials in common use. We also called upon a rising young man in our profession who had all of his remedies thus carefully guarded against accidental contamination. He remarked that his remedies were all renewed every year. The large practice that he has acquired may have been due in part to the care of his medicines as well as to other details of the business. It may afford sufficient protection if our pharmacists will supply us with paper caps fitting snugly over the lips of the bottles down to the shoulder. The smaller vials of higher attenuations may be kept in the paper vials. Vials should not be kept full. In making an attenuation add the alcohol to the vial first. Do not

let the alcohol bottle come in contact with the vial. A scale may be held beside the bottle, and if the medicinal substance be added last it will be more accurate than if it were the first in the bottle. Triturations are so cheap that they should be purchased at the pharmacies. All other supplies should be the best and cleanest furnished by our homœopathic pharmacists. If these suggestions are heeded, I think our remedies will do more efficient work and get more credit.

H. W. C.

MEDICAL EDUCATION; A GAP TO BE FILLED.

BY JOHN C. MORGAN, M. D., PHILADELPHIA, PA.

There is a wide field in medicine, outside of the "seven cardinal branches," as commonly understood, but involving all of them; a field both neglected and inviting, important enough to be made a cardinal branch in every medical college, but as yet, excluded. In Homœopathy, above all, it should be regarded as *paramount*, but is rarely thought of, and nowhere insisted upon as such.

This field consists of "Principles," or "Institutes," plus "Symptomatology." Authors, such as Williams, Tanner, Finlayson, DaCosta, etc., have shown us something of its riches, but the undergraduates are not systematically instructed in it to any great extent; hence to graduates, it remains indifferent. To allopathy this may be of minor significance — to homœopathy, it is fundamental.

"Clinical Medicine," as a branch of the curriculum, is taken to mean, only, *medical clinics*—a great error. Every chair should enforce its teachings clinically—not excepting Chemistry, Anatomy and Physiology—Materia Medica of course; the results must needs be brilliant; but this phrase, clinical medicine, belongs rather to the principles, the symptomatology, and the allied matters embraced by the authors named.

For the purposes of homœopathy, next to the Organon, place a text book, treating largely of symptomatology; say, Finlayson's. Let *symptoms* be studied in every aspect—diagnostic, prognostic, pathological, pharmacodynamic; and let "symptom-hunting" take on its rightful significance and

scientific, as well as practical value; and let it be taught by an expert and a scientist, in every school.

By way of illustration, consider a very common symptom, viz: *Soreness of the chest on external pressure*—often, a trying one to the physician. This may indicate either visceral, or it may be, only parietal trouble; in lungs, heart, muscles, fascia, bones. It is clear that the mere words, “soreness on external pressure,” even if the physician be a good Hahne-mannian, will often fail to indicate the remedy—and this may be the only symptom complained of.

Of course, when lesions of the heart or lungs exist, the required drug can be otherwise discovered—but after the removal of these, objectively, this symptom may persist; and then we can narrow down the inquiry to parietal lesion. Here, again, however, we do not at first, see why or when we should choose this or that drug, out of a considerable list.

It is just then that we may bring our Anatomy more closely into our clinic. In practice, for many years, I have made it a point to feel, pinch and press, each layer of the chest-wall, separately, and successively. If the axillary folds be grasped, they may show muscular soreness—and the list of drugs relating thereto speedily furnishes the one needed—as *Bry.*, *Arn.*, *Acon.*

Again, the external muscles may be intact; I then determine the state of the intercostal muscles, which requires skillful manipulation. The back of a knife blade, a spoon handle, a fine pointed penholder, or even the thumb or finger nail, can be made to impinge upon the muscular structure, without touching the ribs. If the patient flinches, the muscles are affected, and again, the same drugs may be canvassed. If indifferent to this pressure, the ribs are usually the seat of trouble—that is, they suffer with a mild form of periostitis, even ostitis. This is, I find, extremely common—and mercurius is the specific remedy. Cutaneous tenderness, only, may cause this general symptom, however, and then, capsicum cures. Similar remarks might be made as to the abdomen, etc., but let this suffice for a glimpse of what may be made out of symptomatology, the *bête noir* of homœopathy, and what may be done through a chair of true “Clinical Medicine,” including “Institutes,” of course.

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EDITORIALS.

"CHANGES IN THE MEDICAL FACULTY OF THE UNIVERSITY OF MICHIGAN."

Under the above caption, the editor of the *Physician and Surgeon* flings his weapon at the Board of Regents, and, indirectly, at certain members of the Old-School medical faculty. He doubtless imagines that he is doing Drs. Maclean and Frothingham great service, but to a disinterested observer, it would seem that the above gentlemen have much need to pray, "deliver us from our friends" (or one at least). Their letters of resignation are published in full, and are characteristic of the writers, containing as they do expressions of good-will toward, and earnest solicitude for the future success of, the great institution with which they have so long been identified.

The resolution passed by the regents in accepting the resignations, in which the Board "expresses its appreciation of their (Drs. Maclean and Frothingham) scientific attainments, and of the ability and skill with which they have per-

formed the duties pertaining to their respective chairs," is also given.

After declaring the acceptance of the resignations and the adoption of the above resolution, a "crime against a beneficent profession," the editorial goes on to outline what it conceives to be the policy of the Board of Regents, ascribing to them among other things a desire "to put regular medicine below homœopathy (for in almost every recent act of the regents the latter has been first considered); and to force regular medicine into unholy communion with homœopathy, by placing them under one roof, with doors opening into the same hall, as purposed in the new hospital." We do not quote the other charges against the regents, for the reason that they have been discussed time and again in public and private, and moreover, because they do not immediately concern us.

The charges above quoted, however, seem to us something new. We do not remember having heard them advanced before. This youthful *fidei defensor* appears to conclude that the older, more experienced, and more responsible (not to say wiser) members of his school of medicine are indifferent to, or unconscious of, the danger, which he fancies, menaces them in their "unholy association with homœopathy." He cannot imagine how they can be so dormant, and feels called upon to champion the cause, and raise his warning voice, if haply he may stir them up and thus preserve them from being placed "below homœopathy."

We would like to suggest to this self-constituted Nestor that he and his confreres can take no surer way to place "regular medicine below homœopathy" than by adopting his own arrogant and illiberal notions. The world of to day has less room for bigotry and intolerance than that of a century ago, and anyone who chooses to advocate or foster such feelings is not keeping pace with modern thought and action, and will inevitably be left behind. For however widely men may differ upon certain doctrines or practices, and however much one may deride or misrepresent the other, their listeners will in nearly every case decide according to the evidence and in the cool light of reason. The day is past when any portion of a great profession can arrogate to itself

all dignity, honesty, and scientific knowledge, and exclude from professional courtesy and counsel all those who choose to think differently from themselves. Intolerance toward homœopathy still exists in the minds of some whose interests may be better served thereby, or who have received it as an inheritance from the hazy past and are not sufficiently original to get away from it; but the bulk of our friends of the opposite school are ready to admit that members of our school are quite their equals in the matter of scientific attainments, and, were the *written* bars once wiped out, would be glad to treat them as such, as indeed many now do.

As we have already said, these charges against the Board are unique. If as stated, the homœopaths "have been first considered" by the Regents, has there not been some good cause for it? Has it not been because their claims were *just* and because their conduct had been such as to entitle them to fair treatment, at the hands of the Board? These honorable gentlemen do not appear to entertain quite the same ideas of justice as the editor of the *P. and S.* They believe that even though he may believe in homœopathy, "a man's a man for a' that." We do not even remember to have heard any protest against "the unholy association with homœopathy," expressed by the celebrated medical men whom he has rushed in to defend; but this would-be censor has the hardihood to rebuke them for their display of courtesy and broad-mindedness.

After relieving himself of this much, he goes on to say, "the explanation of this singular policy is in part apparent. The regents are determined to employ as teachers, only those who will do their bidding and submit to any degradation without uttering protest. The only men who dared to raise voice in warning have been forced out. Homœopathy being organized and clannish, controls its quota of votes, not a few, and is therefore entitled to preferment at the hands of demagogues." The statement may be true concerning the status of homœopathy in Michigan, but no one with any knowledge of the history of the University during recent years, will impute any such motives to the Board, as the above language implies. The regents may err in judgment, as they doubtless often do, but it will be hard to convince the public

or profession that they are dishonest and have not the best interests of the University at heart. Judging by the choice "billingsgate" which the editor of the *P. and S.* seems to have at his command, we think every one will be willing to concede that the Board did at least one act of justice when, not long since, they refused to retain him in the University.

The article also refers to the action of the Board taking the election of the dean out of the hands of the faculty. He is consistent and ascribes this step also to the basest of motives. While we are not at all sure that the Board have been wise in so doing, we have the fullest confidence in their good intentions, and, that if it proves to be a mistake they will lose no time in returning to the former order of things.

The author's last effort is directed at a well-known member of the Old-School faculty, whom he accuses of a desire to supplant Dr. Ford as dean, and of the still more heinous offense of having "continued to give certificates to homœopathic students after such proceeding had been vetoed by the American Medical Association." This man who cantingly says "we find it beyond our comprehension that medical men with any sense of self-respect can submit to the indignity of allowing the selection of the dean by a body of men composed largely of *politicians*," is quite ready to submit to the dictation of a body of medical men who are not satisfied with his naturally narrow proportions, but desire to remove from him the last semblance of breadth, by ordering him to refuse to homœopathic students that which the laws of the University guarantee to them as to every other student on the campus. Moreover, he is not content to stoop to obey the absurd and unwarranted commands of this intolerant society, but hurls epithets at the man who is high minded enough to follow the dictates of his own sense of right. It would bode ill indeed to the future of the medical profession, were its ranks composed to any considerable extent of men with so little self-respect as to be willing to obey the behests of a governing body so narrow, unjust, and intolerant as the American Medical Association has shown itself to be. This society is in some respects the relic of a past age, and we deem it one of the hopeful signs of the times, that many of its members are found to have grown beyond it. It is high time that the

members revised the constitution and laws of this medical fossil, so as to place it more in harmony with the advanced medical opinions of the day. The Association may continue to utter its threats, but they are as harmless as itself is puerile. That it no longer has power to frighten is evidenced by the fact that the State society of the "greatest State in the Union" does not care even to owe it allegiance, and the same spirit pervades a large portion of its membership. Associations are after all made up of *individuals*, and unwritten laws are stronger than old, obsolete enactments, because they represent the thought and needs of the *present*.

TO OUR READERS.

We desire thus publicly to thank those who have so kindly supported the COUNSELOR by their contributions, during our absence, and also to acknowledge our deep sense of gratitude to our colleague, Prof. J. C. Wood, and to Dr. Roy S. Copeland, who have so ably conducted the journal. This number has been somewhat delayed by the illness of Dr. Wood, so that although we found it for the most part in type, ready for the press, on our arrival, it had to wait until we had been able to dispose of more pressing matters and could turn our attention to making up the deficiency. It is always difficult to take up work to which we have become unused, and we realized this to the fullest extent when we found ourself thus unexpectedly called upon to put on the harness immediately on reaching home. We trust, however, to soon get settled down to business again, and that nothing will interfere with the timely appearance of the COUNSELOR for some time to come at least.

Permit us to add, also, that we still hope for substantial aid from our friends in our endeavor to keep the COUNSELOR in the front rank of medical journals. Do not forget us, and you will at least receive our hearty thanks and appreciation, and experience the satisfaction of having done your share in the work of rolling on the car of progress.

BOOK REVIEWS.

THE RELATION OF HOMŒOPATHY TO NATURAL SCIENCE. By Edward Babcock Atkins, M. D. Pages 195. New York: A. L. Chatterton & Co., 1889.

This book was written, the author says, in answer to the question often asked him: the reasons for his belief in the law of similars, and the value of drug provings.

The conclusions arrived at in the first part of the work are given in a recapitulation, which we quote in full. It is arranged in propositions, as follows:

I. "The science of therapeutics was dependent for its basis upon an accurate knowledge of the science of anatomy and physiology; and until such knowledge was perfected was of necessity subject to change and theory.

II. "The value of any remedy is dependent upon its affinity for, or natural action over, the function or organ disturbed; and this knowledge is obtainable only through a study of such action when the organs and functions are uninfluenced by disease.

III. "The relationship existing between the remedy and the disease over which it will prove curative is made known by similarity of symptoms; these symptoms resulting from the remedy and the disease both having affinity for the same tissues, or organs, and producing a like disturbance.

IV. "The ultimate power for controlling disease, inherent in any drug, is dependent upon its property for destroying the morbid germ, or of promoting recovery by supplying the needed constructive element or proximate principle.

V. "The *vis medicatrix naturæ* exercises control over all conditions of growth and repair of all organized bodies, and having no control over the elementary substances foreign to such bodies, it becomes powerless against the development and action of morbid germs and poisons.

VI. "The *vis morbifera naturæ* is the controlling law in the domain of morbid conditions and changes, generating the cause and defining its action, and is therefore the opponent of the vital force and independent of its action, both as regards the morbid germ and the controlling remedy.

VII. "*Medical Science* is, therefore, rational only so far as it is based upon *natural science*, and when so fixed is un-

changeable, and at once takes its place among the fixed sciences, always capable of demonstration, and in such proportion superior to theory or experimental research."

In Part Second the application of the law is made. Several remedies are taken up and discussed and their application to disease is described.

It is a work which should be read carefully by the Homœopath, as most of the points are well taken and deserve thought.

OPHTHALMOLOGY AND OPHTHALMOSCOPY FOR PRACTITIONERS AND STUDENTS OF MEDICINE. By Dr. Hermann Schmidt—Rimpler, Professor of Ophthalmology and Director of the Ophthalmological Clinic in Marbury. Translated from the third German revised edition. Edited by D. B. St. John Roosa, M. D., L. L. D., Professor of Diseases of the Eye and Ear in the New York Post-Graduate Medical School; Surgeon to the Manhattan Eye and Ear Hospital. 183 wood cuts and three colored plates. Pages, 571. New York: William Wood & Company, 56 and 58 Lafayette Place, 1889.

This work, in previous editions, is too well known to require any introduction. The first edition in 1884 met with such ready sale that a second edition was necessary in 1886, and the following year this edition in the German came out. It will be seen, therefore, that the work has been exceedingly popular, as it deserves to be. Throughout it is a clearly written, comprehensive and scientific treatise.

The work subserves didactic purposes, and is intended to present modern ophthalmology in a form which will facilitate its reception. The mode of examining an eye is first taken up and such optical data given that by the time the student reaches the chapter on errors of refraction and accommodation he is prepared to thoroughly master it. When the practitioner thoroughly understands this portion of the work he will discontinue sending patients to the optician to be fitted to spectacles.

Part second treats of ophthalmoscopy—first the appearance in the healthy eye, then in disease.

Parts three and four treat of the ordinary diseases of the eye and its appendages, and the salient features in the operations for their cure.

The author gives not only the authority of eminent specialists on mooted points, but also presents more that is

entirely original. Dr. Roosa has added to the completeness by his observations which are given in the shape of notes.

In the preparation of this volume Wm. Wood & Company have sustained their enviable reputation as publishers of first class medical literature. This book is extremely practical and will continue to be a standard work on the eye.

ESSENTIALS OF PHYSIOLOGY. Arranged in the form of questions and answers. Prepared especially for students of medicine. By H. A. Hare, B. S., M. D., Demonstrator of Therapeutics and Instructor in Physical Diagnosis in the Medical Department, and Instructor in Physiology in the Biological Department of the University of Pennsylvania, etc., etc. Second edition, thoroughly revised and enlarged. Pages 193. Philadelphia: W. B. Saunders, 913 Walnut St., 1889.

This work forms one of a series, called Saunders' Question-Compends. This edition is practically the same as the first, except that the questions on the nervous system have been amplified and the illustrations increased threefold.

Much essential knowledge is so compressed into a nutshell in these digests that the shortest memory can retain it. After reading an exhaustive work a perusal of the crisp statements contained within these covers will serve to fix in mind the valuable portion of the lesson. In other words the wheat is sifted from the chaff without effort on part of the student.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Consisting of original treatises and of complete reproductions, in English, of books and monographs selected from the latest literature of foreign countries, with all illustrations, etc. Volume III, Number 3, (September). Monthly, \$10.00 per year; single copies, \$1.00. New York: William Wood & Company, 56 and 58 Lafayette Place, 1889.

The September number contains "Congestive Neurasthenia or Nerve Depression," by E. G. Whittle, M. D.; "The Art of Embalming," by Benjamin Ward Richardson, M. D.; "The Etiology, Diagnosis and Treatment of Tuberculosis," Dr. H. von Zeim-sen; "Psycho-Therapeutics or Treatment by Hypnotism," by Dr. C. Lloyd Tuckey; "Sexual Activity and the Critical Period in Man and Woman," by Dr. Louis de Sere; Index and Contents for Volume III.

In the first article, Neurasthenia, the author seeks to prove that the insomnia of this type is dependent on cerebral con-

gestion, and illustrates the efficacy of blood-letting in its treatment.

The Art of Embalming is discussed from the time of the ancients, with their methods, to the present day. Injections of fluids or gases may be used. The instruments needed and all the appliances are so minutely described that the novice can readily put the methods into practice.

Dr. von Ziemssen, in his customary entertaining way, has treated the subject of Tuberculosis, treatment and pathology.

The remaining articles are valuable ones and deserve special mention. The entire number does credit to the volume which it completes. Every physician should be a subscriber to *Wood's Monographs*.

INEBRIETY, ITS ETIOLOGY, PATHOLOGY, TREATMENT AND JURISPRUDENCE. By Norman Kerr, M. D., F. L. S.; President, Society for the Study of Inebriety; Chairman, British Medical Association Inebriates' Legislative Committee, etc., etc. Second edition. Pages, 471. London: H. K. Lewis, 136 Gower Street, W. C., 1889.

The author claims that inebriety is a true disease and a disease allied to insanity. He says both are the outcome of natural law. Inebriety assumes various forms—periodical, habitual, inebriety of insanity, forms correspondent to inebriating agents, such as opium, alcohol, chloral, etc. All these forms are taken up separately and treated to exhaustion.

Chapters are devoted to the pathology and etiology of inebriety. Then the treatment is taken up in detail. Inebriety is a complex disease, so the treatment is intricate. While it is generally regarded as a sin curable by moral and religious influences only, or by penal measures, Dr. Kerr considers it a disease amenable to treatment. Such a thing as an antidote or specific is unattainable. With much truth the author claims that the first indication of sound treatment is the withdrawal of the poison. Then suitable extra food and medicinal remedies should be given. The third indication for treatment is the reparation of physical damage wrought by inebriety. Many hints and suggestions are thrown out which are of inestimable value both to the inebriate and to the practitioner.

Inebriety in its medico-legal aspects is analyzed both from

the standpoint of the English law and of the American.

The publishers have done their share to make this an attractive and useful volume. Each paragraph is indented and the subject printed in larger type as a marginal note, so that, at a glance, any particular place may be found. A complete index facilitates ready reference.

WILSON NOBLE, M. P., has an excellent article in the September *Sanitarian*, "The Chief Requirements of Health." It is an address read before the Health Congress at Hastings, England, April 24th, 1889.

PROF. M. ALLEN STARK, M. D., Ph. D., in the October *Popular Science Monthly*, has a very complete article on "The Old and the New Phrenology." A paper worth the price of the number is by M. P. Souriaon, on "The Pleasure of Motion."

THE MAGAZINE of AMERICAN HISTORY is, as usual, filled with interesting articles. The October number has an entertaining illustrated article, "The Romantic Beginnings of Milwaukee," by Roy Singleton. "A Trip to Niagara in 1833," Miss Caroline Spencer's Journal, is told about by Robert A. Benton.

BISHOP F. D. HUNTINGTON, in the October *Forum*, describes fashionable society "as a something too formal for an institution, too irregular for an organization, too vital for a machine, too heartless for a fraternity, too lawless for a school, too decent for a masquerade, with too much lying for a bureau, and too many passions for a pageant. There are the competitions, matches, risks, calculations of a perilous game, the interchanges of an imponderable, immaterial commerce, musical voices from inharmonious breasts, spiteful courtesies, magnificent meannesses. There are songs of peace, flying arrows of malice and revenge, bonds and fragments of friendships, charming veils over hidden horrors, laughter rippling over dark depths of silent agony. One has only to reflect a moment how considerable a section of the lives of many men and more women these activities occupy, what

capacities they include, what forces they engage, the interplay between life and life, the issues and destiny of character, the august responsibility, to comprehend that 'society,' even in this limited sense, is a study for the wisest minds."

DURING the coming volume *The Century* is to have an illustrated series of articles on the French Salons of the seventeenth and eighteenth centuries, including pen portraits of many of the leaders, and a detailed account of the organization and composition of several historical salons. A great number of interesting portraits will be given with the series. Mr. Frank R. Stockton has written a new and characteristic story called "The Merry Chanter." It will begin in the November *Century* and run through four numbers. The story takes its name from a vessel which started from a Massachusetts port on a peculiar cruise. The owners, a young married couple, are on board, and the vessel is commanded and manned by four village captains of unusual experience. Mr. Dana Gibson will illustrate it. The November *Century* is also to contain a new story by Mark Twain.

THE complete novel in *Lippincott's Magazine* for November is called "Creole and Puritan," and is by T. C. De Leon, author of "Cross Purposes," "The Rock or the Rye," etc.

In "The Trials of Magazine Editors" Junius Henri Browne relates the amusing as well as harrassing experiences to which all magazine editors are subject. Contributors to magazines especially will find much food for thought, as well as useful information in this article.

Maurice Thompson, the well known poet, tells in a charming manner the story of "Banzou Jean," an old runaway Creole slave, famous for his songs and proficiency upon the banjo. Anne H. Wharton discusses the question now creating general interest, "What shall be our National Flower?" and Robert Timsol, under the head of "An Old Philosopher," discusses the famous old Stoic, Epictetus. The poems in this number include: "An Influence," by John B. Tabb; "My Hero," by Ellen Seawell; and "If," by Mary Ainge DeVere.

CORRESPONDENCE.

OUR PARIS LETTER.

DEAR COUNSELOR: After over a month on the Continent, in Vienna and elsewhere, upon reaching this most beautiful city in the world, I am reminded by receiving the July number, that I have been very recreant in the matter of writing.

Nothing could have been more enjoyable or profitable to me than my stay in London. Not only was I surrounded by great hospitals with clinical material and teaching in abundance, but by most kind and courteous friends. While in England, I had the honor and pleasure of meeting and becoming acquainted with men whose names are household words wherever homœopathy is known. Among the many delightful hours passed in the "metropolis of the world," it is impossible to forget those spent in the homes of Dr. Dudgeon and Dyce Brown. Both stand in the front rank, professionally, in England, and both are "frae bonnie Scotland." The former, though now classed among the elders, possesses an undercurrent of droll humor, which makes him a most delightful companion, and the latter has placed many Americans, as well as myself, under obligations for his elegant dinners, and an hour or two among his charming collection of paintings and other works of art, which is evidently his "hobby," and in which he is a veritable connoisseur. Dr. Dudgeon is the inventor also of the most convenient little sphygmograph known. I made sure, while in London, to possess myself of one, and wish all my friends were equally fortunate. It is invaluable in practice, can be carried in one's pocket, and the price (\$11.00) places it within the reach of all.

It would be a great pleasure to refer personally to other London homœopaths whom I had the pleasure of meeting while there, but space I know will forbid under the present editor. I cannot pass, however, without referring to that untiring advocate of homœopathy, Dr. J. H. Clarke, the editor of the *Homœopathic World*, and the author of several well known homœopathic publications. A personal acquaintance

also confirms the good opinion formerly entertained of Dr. E. A. Neatby, whom readers of the COUNSELOR already know as the writer of "Our English Letters," during the past two years, and who is now associate editor of the *Homœopathic Review*, together with Drs. Pope and Dyce Brown.

Out of London we had a delightful visit with Dr. Alfred Pope, at his home in Grantham, a quaint old town among the famous fox hunting grounds of Lincolnshire, on the old stage road from London to Edinburgh. Dr. Pope is so well and favorably known as editor, with Dr. Brown, of the *Homœopathic Review*, that an extended reference to his life work would be superfluous. Upon his retirement recently from active work on the journal, his many friends, both in England and America, made him the recipient of a handsome address and testimonial, together with a purse of several hundred pounds sterling. A man who can be an editor for nearly two-score years, and still retain the friendships and respect of everyone, may well be termed a prodigy, and yet Dr. Pope seems fairly to have earned the title.

Another "out of town" sojourn was in "Merrie England's" most charming watering place, Brighton, and quite as celebrated perhaps, among homœopaths the world over, as the home of the author of "Hughes' Pharmacodynamics," "Hughes' Therapeutics," etc. Dr. Hughes is no less the courteous gentleman than the refined scholar, and the brief time spent at his home, will ever be a bright spot in our recollections of Europe. He is at present deeply engrossed in the work of preparing for publication the "Cyclopedia of Drug Pathogenesis," of which he and our friend Dr. J. P. Dake, are the active editors. Here among the beautiful environs of Brighton, within easy reach of the British Museum, and other famous storehouses of knowledge, this great work is being carried on quietly but indefatigably, so that the end of the next two years is quite sure to witness its completion.

An investigation into the standing of homœopathy in England is far from discouraging, even to one not inclined to be oversanguine. To a careful observer it is quite apparent that very much of the work being carried on by the followers of Hahnemann there, does not show upon the surface.

There are a number of excellent hospitals flying the banner of *similia* in all parts of the United Kingdom, in which good work is being done. The Homœopathic Hospital in Great Ormond Street, London, is a well equipped institution, with a thoroughly competent staff, both resident and visiting, and every bed filled—about 75 in all. It has, besides, a large clinic of out patients.

The trustees are endeavoring to secure funds for the erection of a larger new building, and are in a fair way to succeed. In the parlors of this building, the British Homœopathic Society holds its meetings. It is situated in what was formerly the aristocratic quarter of the city, and comprises three mansions, or nobleman's town residences thrown together. A portion of one of the wards is pointed out to visitors as the room in which Lord Macaulay, the great historian was born.

Homœopathic pharmacies are plenty in London, and in the other towns and cities throughout the country, and were it not for the *taboo* placed upon homœopathy by its opponents' cry of sectarianism, there is no doubt that it would be exceedingly popular. It is wonderful, however, how little they are able to make out of the cry when any one of them undertakes to talk about it. I had the pleasure one evening of listening to Dr. Gee, one of the popular lecturers in St. Bartholomew's Hospital College, upon "Sects in Medicine," and went expecting to see homœopathy "knocked into a cocked hat" as our English friends would say; but while referring to it as the chief medical heresy of the day, he had so little to urge against it, that Dr. C. E. Fisher and myself, who were the only heretics present, felt really slighted. In fact he frankly admitted, like his *colleague*, Dr. Brunton, that as in the case of arsenic in gastric disorders, ipecac in *vomiting* etc., the homœopathic law is one of "partial application."

On the Continent, we met fewer homœopathic practitioners, of course, but still there are a goodly number, and in every place of any importance, the familiar sign "Pharmacie Homœopathique" was displayed in one or more windows.

One encounters a bewildering array of great names in medicine and surgery, in any of the capitals of Europe.

Even in so small a city as Heidelberg, we find a splendid hospital and clinics, in connection with the famous old University, which has between 2,000 and 3,000 students, about 400 of them medical. Czerny in surgery, and Becker in diseases of the eye, are famous the world over in their respective spheres, and we considered ourselves particularly fortunate in being able to meet them and attend their clinics. Everywhere, I have been impressed with the extreme affability and courtesy of the great medical men on this side of the water, but the chief incentive is doubtless to be found in one's nationality.

The University Hospital in Vienna, is a great and unique institution. Nowhere else can such a concentration of clinics be found. Here in the one series of buildings, covering an immense area, there are from 3,000 to 6,000 patients daily, so that the medical student can attend clinics every hour in the day, without going out of the building except for lunch. Besides, the Polyclinic, another great hospital in which many of the University Hospital surgeons hold clinics, is immediately adjoining, so that the two are practically one.

It is easy to see that in this fact, Vienna has an advantage over all other medical centres. The manner of conducting lectures and clinics, however, present some drawbacks, which go far to offset the lack of concentration in other cities. Still, for years to come, as in the past, Vienna will continue to be the Mecca for American medical students, especially for those who possess a knowledge of the German, or have time to acquire it while there.

It is useless to attempt to enumerate the great names associated with these schools, but from Billroth and Politzer down the list, they are fine operators with abundance of clinical facilities and material.

In the manner of conducting both hospitals and clinics, there is a wide difference between Vienna and Paris. In the latter, as in London, the hospitals are distributed about the city, and in the lines of special surgery, they are almost entirely *private* institutions. In ophthalmic surgery the latter is strictly true, and the best of these appears to be that of De Wecker's, although Landolt, Galizowsky, Abbadie and Eduard Meyer, have also excellent clinics. In Paris no fees

are charged, and in these private hospitals no lectures are given, but sufficient talk is indulged in by the clinicians to render the attendance very profitable to the advanced student at least. Parisians preserve their characteristics even in the practice of medicine and surgery, and therefore it surprises no one, perhaps, when they all become excited and enthusiastic over some new medical theory. Just now, everybody in Paris is talking of Brown-Sequard's "Elixir of Life," and its fame seems even to have extended to America, judging from accounts in the few of our newspapers that I have been privileged to read. It will doubtless drop out of sight as quickly as it came into view.

Not long since hypnotism was in everybody's mouth, but even that is now scarcely mentioned. Whatever the subtle influence may be, it is too little understood as yet, to be of great practical use, but it is difficult to believe, that it will not eventually find a legitimate sphere in the domain of practical medicine. It is susceptible of such innumerable abuses, however, that both the profession and the public may well hesitate to endorse or permit its practice. The Congress which met recently in Paris to discuss it, seems not to have arrived at any definite conclusion concerning it.

Pasteurism seems to obtain pretty general credence in Europe, especially among the laity. Paris, and indeed most other parts, seems to have accepted the theory as a settled fact, and even if untrue it will take many years to eradicate it from the popular mind. It finds many opponents in England, and yet it is officially endorsed.

To me, one of the most attractive features of the great Exposition, was the large, handsome and artistic display of medical and surgical supplies, and *papier maché* models of every sort and description. I have never seen anything to approach the latter both in numbers and perfection, and in this manufacture the French certainly have no equals.

In Germany I visited two of the great watering places, Wiesbaden and Baden-Baden, both famous for their hot springs and medicinal baths. The cities themselves are very attractive on account of the beauty of their buildings and surrounding scenery,—Baden is generally spoken of as the "Garden of Germany," and fully merits the name,—but

thousands upon thousands of persons resort hither during the summer months to get rid of the gout and other similar ailments, which their European methods of eating and drinking entail upon them. The vast array of "beefy" human forms, displayed at the usual morning bath, is a sight long to be remembered. The regular bath is similar to the Turkish bath in character, and has the most delicious and stimulating effect imaginable. A course of two to four weeks of drinking the water, and of daily (or less often) baths, is said to work wonders in most cases. Baden-Baden was once the famous gambling resort for the wealthy sports of Europe, but this feature was suppressed some years ago by the government, and the proprietors removed thence to Monte Carlo.

To the American Homœopaths whom I have met abroad, the doings of the A. I. H. seem to give general satisfaction. If not equally with myself, all appear very much gratified that Michigan was honored by the election of Dr. Sawyer to the presidency, and although many are from the East, no one seems to object to a second meeting in the West—there is probably a general feeling, both here and at home, that the West is entitled to it.

After an extended tour such as I have made, there is so much that *may* be said, that one is at a loss where to begin or of what to speak. I hope to be able to reach home very soon after the opening of our college term, hence this is probably the last of the sort that I shall feel tempted to inflict upon the patient readers of the COUNSELOR.

D. A. McLACHLAN.

PARIS, September 4th.

SOCIETY REPORTS.

OPENING OF ROCHESTER HOMŒOPATHIC HOSPITAL.

September 18th the new Homœopathic Hospital of Rochester, N. Y., was opened for the reception of patients, and the day was made the occasion for a general inspection by the public. The members of the Board of Supervisors acted as hostesses and did the honors of the establishment to the people of Rochester, the delegates to the State Homœopathic Medical Society, and a number of ladies from the Buffalo Homœopathic Hospital.

The building was profusely decorated with flowers and tropical plants, and to the accompaniment of music the people thronged to and from the building all the afternoon and evening. There were no formal ceremonies, but at 3 o'clock the Right Reverend Arthur Cleveland Coxe made an appropriate address and invoked God's blessing upon the noble enterprise.

A movement was made to free the hospital from debt and with such success as to leave only a few thousand dollars unpaid. The whole amount will be liquidated in a short time.

The hospital is a well arranged, modern building, costing about \$50,000. It has a capacity of from 50 to 60 patients. There are also private rooms which will accommodate a number.

The operating room, in charge of Dr. J. M. Lee, attracts a great deal of interest. It was fitted up with the most modern instruments and appliances at a cost of \$2,000.

The people of Rochester are to be congratulated upon the magnificent monument to Homœopathy which they have erected in their midst. May it ever prosper!

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

The 38th Semi-Annual Meeting of the Homœopathic Medical Society of the State of New York, was held in the Common Council Chamber, Rochester, September 17th and 18th, 1889. The meeting was enthusiastic throughout and to a man the delegates report a good time.

The morning session of the first day was opened with prayer by Rev. Augustus Hopkins Strong, D. D. The Mayor of Rochester, Hon. Cornelius R. Parsons, made a hearty address of welcome on behalf of the city. This was followed by Dr. W. F. Clapp, who as President did the honors for the County Society. These expressions of good feeling were responded to by Dr. F. F. Laird, Vice President of the State Society. President Herbert M. Dayfoot took for the text of his address "Organization and Medical Legislation." In a masterful manner he referred to the advances which Homœopathy has made in the last year. He recommended that a complete list of all the homœopathic physicians in the State be made out and published; that a committee of two members in each county be appointed to foster interest in the county societies. Dr. Dayfoot endorsed the action of the Nebraska State Society in denouncing discrimination against homœopathic physicians as examiners for life insurance; indorsed the Batcheller bill for the State care of the insane, and advocated separate boards of medical examiners.

The Bureau of Laryngology was opened by a paper from the chairman, Dr. Geo. M. Dillow. Several interesting papers followed.

For the Bureau of Otolaryngology, Dr. F. Park Lewis presented a valuable article, "Notes on the Treatment of Diseases of the Ear."

The Bureau of Ophthalmology was rich with entertaining papers. "Extraction of Cataract without Iridectomy" was treated by Dr. F. Park Lewis. "A Case of Croupous Conjunctivitis" was told about by Dr. A. B. Norton. Dr. W. P. Fowler considered "Blepharitis Marginalis." Dr. Chas. Deady read a paper on "Foreign Bodies in the Eye." The Bureau was closed by a paper from the chairman, Dr. Chas. C. Boyle, on "A Case of Progressive Nuclear Ophthalmoplegia."

AFTERNOON SESSION.—For the Bureaus of Histology and Climatology, papers were read by Secretary Moffat. Dr. J. W. Dowling, Jr., gave a "Resumé of Advances in Histological Knowledge for the Year."

The Bureau of Mental and Nervous Diseases reported several papers through the chairman, Dr. George F. Gorham. Two of the most valuable papers were: "Electricity in Sexual Neurasthenia; Clinical Cases," by Dr. F. E. Caldwell, and "General Paralysis of the Insane," by Dr. H. L. Waldo.

The Bureaus of Materia Medica, Clinical Medicine and Surgery reported a number of able and valuable papers. Dr. John L. Moffat had an exceptionally fine article on "Argentum Nitricum—Critical Analysis and Summary." "Apocynum Cannabinum" was treated by Dr. H. D. Schenck. "The Fashionable Disease—Peritonitis" was considered in all its details by Dr. A. B. Kinne. A paper which excited a great deal of favorable comment was read by Dr. J. Montfort Schley, on "Some Personal Observations in Angina Pectoris." Dr. George E. Gorham told of some of his "Clinical Observations Illustrating the Curative Power of Drugs." Dr. E. L. Hayward gave "A Clinical Case." Dr. Newton M. Collins related several "Cases in which Symptom Prescribing Failed."

Through Dr. Gorham, the committee to whom the president's address was referred, made its report, recommending the adoption of the several suggestions made by Dr. Dayfoot. The report was unanimously adopted.

Dr. H. M. Paine, of Albany, read the report of the committee on medical legislation. It was substantially the same as is given in his paper read before the American Institute of Homœopathy and published in the September *COUNSELLOR*.

Greeting and congratulations were sent to and received from the Pennsylvania Society.

EVENING SESSION.—After the evening session, the Monroe County Homœopathic Medical Society tendered to the State Society a magnificent banquet, held in the rooms of the Chamber of Commerce. About seventy persons, including physicians and invited guests, sat down to do justice to the repast. Dr. Dayfoot introduced the toast-

master, Dr. Jesse W. Buell. Toasts were responded to as follows: "Hahnemann," Dr. John L. Moffat, of Brooklyn; "The American Institute of Homœopathy," Dr. H. M. Paine, of Albany; "The State Society," Dr. Herbert M. Dayfoot, of Rochester, and Dr. F. F. Laird, of Utica; "Homœopathic Education," Dr. C. A. Bacon, of Washington; "Woman's Mission in Medicine," Prof. James C. Wood, of the University of Michigan.

SECOND DAY.

MORNING SESSION.—The Bureaus of Obstetrics, Gynæcology and Pædology were taken up in order. In the absence of Chairman Dr. Danforth of the Bureau of Obstetrics, Dr. Wolcott was in charge. Dr. Sarah I. Lee, as Chairman of the Bureau of Gynæcology, gave an entertaining paper. Some of the productions presented in this bureau were as follows: "Vaginal Hysterectomy," by Dr. J. M. Lee; "Immediate Closure of Anal Fistula," by Dr. Sydney F. Wilcox; "Extra Uterine Pregnancy," by Dr. L. L. Danforth; "Ovarian Tumor—A Case," by A. Wilson Dods; "Salix Nigra in Ovarian Diseases," by Dr. W. B. Gifford; "Reflexes in Ovarian Diseases," by Prof. James C. Wood; "Cholera Infantum," by Dr. G. F. Hand; "Nævus Maternus and its Treatment," by Dr. Leslie Martin; "Experiences with Nux Vomica in Infantile Hernia," by Dr. Jay W. Sheldon; "Subinvolution of the Uterus," by Dr. B. S. Partridge.

In the afternoon the delegates were driven around the city, and in the evening attended the opening of the grand new Homœopathic Hospital. The meeting was a decided success, and reflects great credit on the officers and chairmen of the various bureaus, who worked so efficiently to arrange an entertaining program.

VARIOUS TOPICS.

GERMAN PHYSICIANS ADOPT A CODE OF ETHICS.—On June the 24th the seventeenth Congress of German Physicians met at Brunswick, and passed the following resolutions: "1. Every kind of public laudation, whether it proceeds from the physician in question himself or from others, and continued advertising in public papers are to be reprobated. 2. The designation 'specialist,' for puffing purposes, is to be reprobated. 3. The public offering of medical assistance gratis, underbidding in concluding contracts with sick societies and the like, offering advantages of any kind to a third person in order to procure practice, are inadmissible. The designations 'Klinik' and 'Poliklinik' (hospital) belong exclusively to institutions which serve the purposes of instruction in connection with universities. 4. The ordering and recommending secret remedies are inadmissible. 5. Any attempt of any kind on the part of a physician to intrude upon the practice of another is dishonorable, especially in the case of one, who has acted as substitute or in consultation.

A practitioner must by no means undertake the treatment of the case without the express assent of the previous physician. A specialist called in for a definite part of the treatment must strictly confine himself to that. 6. No physician is at liberty to make disparaging remarks to others about another physician."— *The Medical Record*.

DR. H. A. HARE, in the *Medical and Surgical Reporter*, relates a dozen or so of experiments upon dogs to find out the fatality of heart wounds. The dogs are stabbed with hat-pins, scissors and scalpels, and afterward autopsies held to estimate damage. The results are interesting and the conclusions to be drawn are as follows:

"1. There are three ways in which death may occur in cases of heart wounds: (a) By hemorrhage from the cardiac cavities; (b) By hemorrhage from the heart muscle itself; and (c) By injury to the centre which Kronecker and Schmerz have localized in the dog's heart; a spot above the lower limit of the upper third of the ventricular septum, which, when it is injured, brings the heart to a standstill. This is the so-called co-ordinating centre.

"2. The lethal result of a heart wound depends largely upon the rapidity with which a hæmostatic clot is formed in the opening.

"Heart wounds heal by the formation of hemorrhagic exudate, which plugs the leaking opening and permits repair.

"4. Most important of all, we learn that cardiac wounds, however severe, are not necessarily fatal, simply because they are heart wounds. There are other causes which may bring about a fatal effect, chief among which are pericarditis, cardiac myositis and endocarditis; while a sequence even more rapid in its onset may be embolism, or heart clot. These are secondary questions which do not form part of the subject in hand."

A TRACHEOTOMY CASE.—A venerable colleague, in a letter to us expressing freely his disapprobation of Sir Morell Mackenzie's book, relates the following interesting case:

"A gentleman was taken with sore throat and difficult breathing; and on a consultation of doctors being held, and a laryngoscopic examination being made, the glottis was found to be œdematous. They decided, if the breathing became worse, to have recourse to tracheotomy, or opening of the windpipe. A clever young operator was engaged, and he went to see the gentleman and informed him that the operation was very simple. He inquired what the doctors had said, and was informed 'œdema about the glottis,' and they said if it went on swelling, he must be suffocated. The operation was fixed for the evening. The intended operator said, 'I will give you a dose of medicine that will keep you quiet

until then.' He gave him a dose of *apis mel*: the poison of the bee, which acts specifically on such an affection. In the evening when the doctors came the patient said, 'I feel so much relieved by what the young doctor gave me, that I won't have the operation to-night.' They went out of the room for a talk, rated the operator for his unprofessional conduct in presuming to prescribe, and more especially a vile homœopathic remedy. The patient got quite well."—*Hom. World*.

ABORTIVE TREATMENT OF GONORRHOEA AFTER COCAINE ANÆSTHESIA.—A member of the Society of Medicine and Pharmacy of *l'ère* treats gonorrhœa in the following way (*Jour. de la Soc. de Méd. et de Phar. de l'ère*, Dec., 1888): He first washes out the urethra with a large amount of aseptic water, and then fills it with a ten per cent. cocaine solution. After leaving this injection in for about five minutes it is allowed to escape, and what remains is washed out with more sterilized water.

The urethra now being anæsthetized; an aqueous solution of silver nitrate, of the strength of 1 to 25, is injected into the urethra as far as any inflammation is supposed to exist. This application he says, neither produces nor is followed by any pain.

The complete removal of the cocaine solution is necessary, because of the incompatibility between the silver solution and the hydrochlorate.

As the discharge lessens, a sulphate of zinc solution, 1 to 500, is generally indicated.—*Medical Analectic*.

ANTISEPTIC MANAGEMENT OF WOUNDS.—Dr. T. D. W. Pinckney, in the *International Journal of Surgery*, says: The use of simple and efficient methods in antiseptic surgery depends not upon a knowledge of any particular system, however good, but upon a knowledge of the principles on which antiseptics and asepsis are based, a knowledge of the reasons for and the methods of disinfection, a knowledge of antiseptic solutions and dressings, and a knowledge of what is necessary or unnecessary in a given case.

The most essential part of this knowledge, may be grouped under four general propositions:

1st. Suppuration, septicæmia, pyæmia, tetanus, erysipelas, gangrene and all other infectious complications of wounds are caused by the presence, propagation and action in the wound or surrounding tissue of living organisms foreign to those parts.

2d. Organisms causing suppuration and its consequences are practically always present in the air and in or on every substance or object which is not by its nature antiseptic.

3d. Organisms causing special infections, as gangrene, erysipelas, tetanus, etc., are usually introduced into a wound only by direct

transmission by instruments or other objects upon which they have been allowed to accumulate or in which they naturally exist.

4th. Speaking generally, it is the rapid propagation of germs that causes trouble. Complete asepsis may not be necessary.

DEATH FROM RABIES.—At the last meeting of the Société Médicale des Hôpitaux, Dr. Gérin Roze reported a case of death from rabies in a young girl who was subjected to the Pasteurian treatment eighteen hours after the bite. The treatment was regularly followed, but did not prevent the patient from succumbing to an attack of most characteristic rabies, as described in detail in the report in question. The author of the note asks to what may be attributed this failure of the Pasteurian treatment, which was gone through in a case apparently highly favorable for such treatment. Two more deaths are registered by the Semaine Médicale of persons from rabies, who had undergone the anti-rabic inoculations: 1. B. Druaux, of Aubervilliers, aged fifteen years, bitten Jan. 7th, 1889, by a rabid dog, and treated at the Pasteur Institute from Jan. 9th to 28th; died from rabies on Feb. 11th. 2. J. L. Dufur, of Veyras, aged seventy-two years, bitten on Dec. 23d, 1888, and treated at the Pasteur Institute from Dec. 25th, 1888, to Jan. 12th, 1889; died from rabies on Feb. 13th.—*Lancet*, March 16th, Paris Letter.

IDEAL FOR A MEDICAL SOCIETY.—In his interesting Presidential address before the Medical Association of Central New York, on May 21, Dr. William C. Bailey, of Albion, N. Y., presented the following picture of what a Medical Society should be:

“A medical society to serve its highest purpose, ought to be the standard-bearer of the profession; the magnet that will attract the physician from those secluded caverns of habit in which he, above all others, easily obscures himself—a lever that will lift the wheels of his professional chariot out of the ruts of established routine. It should be the physician's Mecca, whither he may journey, a pilgrim, consecrating himself anew in his faith. It should be his Olympia, where he may seek social intercourse and friendship, a recreation for his wearied mind and body. It should be to him an Academia that will broaden his views of life, establish or strengthen religious principles, stimulate and elevate his moral nature. It should be his Athens, whither he may go for increased wisdom, learning in discussion, as did the philosophers of old, obtaining here a knowledge of all progress in operation, treatment and literature. Finally it may be his Delphi—the inspiration of his imagination; for in medicine as in all science, it is often the prophetic finger of Fancy that points the way to the undiscovered. The world is made up of individuals. In the individual we find a unification of various qualities; and his success is assured who

correlates—or, if I am permitted, educates—those qualities into such perfect harmony that they may attain the highest good. As each component part has its duties, the proper performance of which is essential, if the highest degree of perfection possible be desired, so in organized society the individual cannot wholly escape obligations that rest upon him, even though, like Byron's Manfred, he exile himself to the solitude of the Alps."—*Medical and Surgical Reporter.*

ABDOMINAL MASSAGE IN CONSTIPATION.—Dr. T. Gerald Garry, in *The Lancet*, March 2d, says that he has seen a large number of cases of constipation successfully treated by massage. He considers the physiological effects under four heads—the mechanical, the reflex, the thermic and the circulatory. The first not only influences the gastro-intestinal canal, but the large ducts opening into the intestines, as well as the ducts of the abdominal glands. When calculi are suspected, extreme care must be used or serious results may follow. Kneading and strokings best favor the mechanical results; the former produced directly by the fingers laying hold of and loosening the impacted feces. As to the reflex action, it is best produced by slappings with the half-closed fist; slight tapping causes contraction of the intestinal walls. As to the thermal, a rise in temperature can be demonstrated. The pulse was slower. In addition to massage, Dr. Garry is in the habit of using, in some cases, the faradic current for about five minutes—commencing with four cells (*sic*). He says that massage is also extremely useful in the very obstinate constipation of infants. Few applications are needed, generally not more than a dozen; and the time occupied by each should be about ten minutes.

ONE THOUSAND CONSECUTIVE CASES OF ABDOMINAL SECTION.—Mr. Lawson Tait reports a second series of one thousand consecutive cases of abdominal section, showing a diminution of the mortality from 9.2 in the first series to 5.3 in the second. He predicts that "this operation will revolutionize the obstetric art, and that in two years we shall hear no more of craniotomy (save for hydrocephalus) and evisceration, for this new method will save more lives than these proceedings do, and it is far easier of performance. It is the easiest operation in abdominal surgery, and every country practitioner ought to be able and always prepared to perform it."

He describes the operation as follows:—"My method of operating is to make an incision through the middle line large enough to admit my hand, and then I pass a piece of rubber drainage-tube (without any holes in it) as a loop over the fundus uteri, and bring it down so as to encircle the cervix, taking care that it does not include a loop of intestine. I then make a single hitch and draw it tight around the cervix, so as to completely stop the circulation.

I give the ends of the tube to an assistant, who keep them well on the strain, so as to prevent the loose knot from slipping, the reason of this being that should there be any bleeding and any necessity for further constriction, I could secure this in a moment, without undoing any knot, and the simplicity of this method greatly commends it. I then make a small opening in the uterus, and enlarge it by tearing with my two forefingers, seize the child by a foot and remove it. I then remove the placenta, and by that time the uterus has completely contracted, and is easily drawn through the wound in the abdominal wall. The constricting tube will now probably require to be tightened, and the second hitch of the knot may be put on at the same time, and the work is practically done. Stuff a few sponges in the wound to keep the cavity clear of blood, and pass the knitting-needles through the flattened tube and through the cervix, and in this simple way a clamp of the most efficient kind is at once made. The uterus is removed about three-quarters of an inch above the rubber tube. The usual stitches are put in, the wound closed round the stump, which, of course, is brought to the lower part of the opening, and then the stump is dressed with perchloride of iron in the usual way."—*British Medical Journal*.

LACTIC ACID IN INFANTILE DIARRHŒA.—Dr. H. W. Champlin, of Towanda, Pa., writes us: "I desire to call the attention of the profession to a remedy scarcely mentioned in Homœopathic literature. A year ago I was called upon to prescribe for a child with persistent green stools. The child had been under the treatment of several good homœopathic prescribers in New York State. The parents, the father a clergyman, had given it the best of care and feeding that medical skill could suggest. In spite of this the discharges were uncontrolled, the appetite gone, the stomach unable to bear nourishment, and the child dying of inanition. On allopathic authority I prescribed one-half drop doses of lactic acid frequently repeated. The child commenced to improve at once and the diarrhœa ceased. Lactic acid seems to cure the green stools very quickly. Does the remedy act homœopathically, antipathically or physiologically? Whatever the action may be let us remember it in obstinate cases of this midsummer malady so dangerous to our little ones."

The elixir-of-life fad has had a remarkable career. After Dr. Hammond's experiments nearly every city and hamlet in America have cited cases to prove or disprove the value of the reviving injection. The slaughter of animals, sacrificed on the altar of science, to test the statements of Brown-Sequard would feed a small nation for days. The usual lack of news during the heated season has caused the press to devote column after column to the discussion of

the elixir. The poor reporters have even trusted themselves to be experimented upon so as to outstrip their rivals in answering the momentous question, What is the effect of the injection?

The true value, if there is any value in the whole system, has not yet been determined. Dr. G. Variot, after relating to the Paris Biological Society several experiments made with subcutaneous injections of the mixture, draws the following conclusions: "1. The injections are, perhaps, painful, but in no way dangerous. 2. The febrile excitation, suggested by Dr. Fere, will not suffice to explain the phenomena observed. 3. After the first injection, the subsequent ones, although still painful, no longer cause general uneasiness. 4. The positive effects are a general stimulation of the nervous system, increase of muscular strength, regulation of the visceral and digestive functions, and some cerebral excitement. Genesic stimulation is not a constant result. My experiments so far I consider too few to enable me to absolutely adopt Dr. Brown-Sequard's theories, neither do I feel disposed to contradict them. But I do believe the investigations deserve to be pursued on further with strict scientific precautions."

MEMORANDA.

An epidemic of puerperal fever has closed the obstetrical clinic at Vienna.

There will be three vacancies at the Ward's Island Homœopathic Hospital on November 1st.

At the ladies' fair at Buffalo, in aid of the Homœopathic Hospital, over \$500 were realized.

Miss Bolles, of New York, left a legacy of \$30,000 to the Homœopathic State Asylum at Middleton.

A training school for nurses has been incorporated by the Homœopathic Hospital of Minneapolis.

A little girl of Avondale, Pa., is reported to have died, Sept. 9, of hydrophobia. She was bitten by a dog in July.

A homœopathic hospital has been established in Kansas City, Missouri. Dr. Canfield will be the superintendent.

The Homœopathic physicians of Cleveland have formed a club. They will meet monthly, dine, and read papers upon medical topics.

The quarterly meeting of the West Jersey Homœopathic Medical Society was held at Atlantic City, Sept. 4th. A number of papers were read.

The second Italian Congress for Internal Medicine met at Rome, October 15 to 18. Malarial infection, nephritis and gout were discussed.

M. Pasteur is now an LL. D., made so by the University of Edinburgh, in view of the importance of his researches on the subject of hydrophobia.

The Pennsylvania State Board of Health reports that work at Johnstown has been discontinued from the fact that the town is in good hygienic condition.

Plans have been brought before the Sanitary Committee of the London County Council for the establishment of an organized ambulance system throughout the metropolis.

An effort is being made to establish a children's hospital in San Francisco, under homœopathic auspices. Daily clinics are now held in the Pacific Homœopathic Dispensary.

The Southern Homœopathic Medical Association meets at Memphis, November 13th, 14th and 15th, 1889. The bureaus are well filled and every effort has been made to have a glorious meeting.

A post mortem examination upon the body of a man who dropped dead at Council Bluffs, Iowa, disclosed an abnormal arrangement of the thoracic organs. The heart was on the right side.

The members of the Florida State Board of Homœopathic Medical Examiners have recently been appointed by Gov. Fleming. They are: Dr. T. J. Williamson of Eustis, and Drs. R. H. Stout and T. W. Johnson of Jacksonville.

A mock doctor named Constanzia has just been sentenced, in Paris, to a considerable term of imprisonment and to a fine of \$100. He had carried on the practice of medicine illegally and swindled several patients by inducing them to part with money with which he was to buy them chloride of gold to be used in cauterizing.

The first international congress of deaf-mutes was held in Paris on July 10 to 17, 1889. The subjects discussed were the relations of the deaf-mute to society, to labor, and to the laws of his country.

There was also an historical sketch of the benefactors of the deaf-mute from the time of the Abbé de l'Épée to the present.

Prof. Samuel Lilienthal, M. D., who has furnished our readers with so many valuable articles, has finished his great work on Homœopathic Therapeutics. It will be published by the Hahnemann Publishing House at once.

A copiously illustrated article on "Sensitive Flames and Sound-shadows," by Prof. W. LeConte Storms, will appear in the November *Popular Science Monthly*. It embodies some very curious instances in which sound has been found to behave like light.

The Maine Asylum, at Augusta, has been passing through a troublesome experience with diphtheria. There have been sixty-eight cases and fourteen deaths. The trustees have ordered a thorough investigation and sanitation of the infected premises.

A sanitary convention was held at Pontiac, Oct. 17 and 18, 1889. Papers and discussions upon the water supply and sewerage of Pontiac occupied a portion of the session. The ladies and gentlemen of the city furnished a delightful program of vocal and instrumental music.

Dr. Baker notifies us of a correction to be made in the bulletin, "Health in Michigan" for September, 1889. In the heading of third figure column under "Per cent. of reports stating presence of disease," which reads "Av. for Aug 3 years 1886-88" read "Av. for Sept. 3 years 1886-88."

There are a few men in this country and Europe who are anxious to reinstate Latin as the language of science. A move in this direction has been made in the establishing of a popular periodical written in Latin. It is called *Alaudæ* and is edited by Carlo A. Ulrichs, in Aquila delgi Abruzzi, Italy.

The Government of Chili has created a "Superior Council of Public Hygiene," consisting of seven members, whose duty it shall be to advise the government in everything that relates to the public health throughout the Republic. The Council has a laboratory for chemical analysis under its control.

The Hahnemannian Society of the University gave a very pleasant reception on the evening of Oct. 18th, at the Chapter House of the Mu Sigma Alpha Fraternity, No. 25 N. State. It was numerously attended by the faculty, students and friends of the Homœopathic Department. Refreshments were served and all made merry

till the lateness of the hour reminded the participants that it was time to depart. Good feeling and a sense of fellowship in a common cause made every person feel that the evening was one to be held in pleasant remembrance.

The homœopathic physicians of Mississippi have organized a State Society, duly incorporated. The annual meetings occur on the second Wednesday of April in each year. The officers are: Dr. E. A. Guilbert, President; Dr. H. J. Coleman, Vice President; Dr. J. C. French, Secretary and Treasurer; Dr. A. O. Hardenstein, Censor.

Our immediate progenitors handed down to us the opinion of their time that the luscious tomato, or "love-apple" caused cancer when eaten. Now comes to us from across the seas the news that cider will cause the same dire disease. Dr. Prieur, in the *Normandie Médicale*, takes pains to show that the popular fear of cider is unfounded.

The attendance at the University this year shows an increase in every one of the six departments. The registration exceeded 2,000 and bids fair to reach 2,200. Such is the fame of the institution that, in the Homœopathic Department, the United States are represented from Connecticut to California while the Queen's Dominion sends seven of her sons and daughters.

"Drop a nickel in the slot" has struck, at last, the ills to which flesh is heir. A wooden figure of a man has compartments all over it, labelled with the names of various ailments. If you have a pain find its corresponding location on the figure, drop in your coin, and the sure specific will come out. This is even easier than an automatic symptom-prescribing machine.

The New York legislature has passed an act providing for the preliminary education of medical students. Unless the recipient of a baccalaureate degree, the applicant for admission to any medical school must pass an examination before the regents, in arithmetic, grammar, geography, orthography, American history, English composition, and the elements of natural philosophy.

The Dutch Scientific Society in Haarlem offers a prize of one hundred and fifty gulden for a critical review and exhaustive description of the different kinds of bacteria contained in drinking water before and after its filtration through sand, and of the methods of determining the characteristics of every kind. The essays must be written in French, Dutch or German, and filed before January 1, 1890.

PERSONALS.

Dr. E. C. Williams, U. of M., '89, has located at Richmond, Va. Dr. W. is sure to do well if our good wishes will help him.

Miss Dr. C. Y. Hill, U. of M., '89, has recently passed the examination before the Medical Examining Board of Minnesota. She will locate in Minneapolis.

Mrs. Phianna P. Grant, mother of Dr. A. B. Grant, of Ionia, died at her home at Lowell, Oct. 5th, having been sick but a short time. Dr. Grant was much attached to his mother, and her death has affected him deeply. Our sympathy is with him.

We are pleased to hear of the success of the Messrs. Drs. M. P. Wiswell and S. M. Davis, U. of M., '89. They have located at Bethlehem, Pa., and taken the practice left by the removal of Mrs. Dr. Gorwood, who accepted a position in the University.

Dr. J. W. McLachlan has accepted a position as Resident Physician in Ward's Island Hospital, New York. At the same time the Doctor is pursuing his studies upon the eye, ear, and throat at the New York Ophthalmic, and the Post Graduate School.

At the recent meeting of the Board of Regents Dr. R. S. Cope-land, U. of M., '89, was appointed House Surgeon to the Homœopathic Hospital. At the same time Dr. V. D. Gorwood was made assistant to the chairs of *Materia Medica* and *Obstetrics and Gynæcology*.

Dr. C. G. Fellows has taken an office in the Bay State Building, No. 70 State St., Chicago, and will confine his practice exclusively to diseases of the eye, ear, nose and throat. We had the pleasure of forming Dr. Fellows, acquaintance in Europe and wish him abundant success in his new sphere.

We learn with deep regret of the death of little "Joe," the three years old son of Dr. C. E. Fisher, of Austin, Tex., and former editor of the *Southern Journal of Homœopathy*. The Doctor and his wife had only just landed after their trip to Europe, and had barely left New York for Chicago, homeward bound, when the sad news came that the little fellow's body had been found in the river near which he had been playing a day or two previous. The sorrow-stricken parents may rest assured of the deep sympathy of their many friends in their sad home-coming.

Our friend, Prof. J. C. Wood, has had a long and tedious illness from which he is now convalescent. It was first a broncho-pneumonia, but no sooner had he become better from that, before King Malaria laid his hand upon the Doctor and kept him down for several weeks longer. The fever is now subdued, and Dr. Wood is able to resume his college and professional duties. Both colleagues and students welcome him back to health with gladness in their hearts. The classes had passed resolutions of regret for his illness, and expressed hope for his speedy recovery.

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ARTICLES IN MEDICINE.

A CONTRIBUTION TO THE STUDY OF REMEDIES FOR
DISEASES OF THE NERVOUS SYSTEM.*

By E. A. NEATBY, M. D.

Assistant Physician to the London Homœopathic Hospital.

Intensely interesting as is the study of diseases of the nervous system for its own sake, it must be acknowledged, even by the enthusiast in neurology, that to the therapist it is one of the most depressing in the whole range of medicine. Of preventive measures we know little or nothing, for we are ignorant of the conditions which lead up to and precede the fully developed disease. Of curative agents and means we are almost equally in the dark, as far at least, as organic lesions and corresponding drug remedies are concerned.

The main object of my paper will be to bring into juxtaposition the correlated effects of drug and disease on the nervous system. That our accurate knowledge of these relationships is small will, I fear, be demonstrated. But if I am able to remind you what are the lines upon which we should work with a view to increasing our positive knowledge and to filling up gaps, of which so many unfortunately exist, I shall be abundantly gratified. In the words of

* Read before the British Homœopathic Society, October 3rd, 1889.

another: * "The localization of the action of drugs on the different tracts of the spinal cord appears to be a field of research in which, as yet, little has been done, and is one that gives promise of very interesting and useful results. The importance of being able to localize the action of a drug to a special tract of tissue cannot be over-estimated, and if further work should prove this to be possible it will go far to render the use of drugs in diseases of the nervous system a more rational proceeding. Not only so, but we must make it our object to ascertain the nature of the lesion produced by a drug in the particular tract of tissue which is the subject of its effective affinity." We shall not overlook, however, in our eagerness to localize with accuracy, the fact that while our knowledge is still imperfect in this direction we may obtain valuable aid from drugs having no primary relation to the nervous system. Diseases, commonly called of the nervous system, are, as we all know, not always, or perhaps even most frequently, due to lesions of nerve tissue. Consequently, we may hope for help from agents which influence the vascular and connective tissues, even though we are not certain that they have as yet shown their power over these tissues in the nervous system. Before the audience I have the honor to address it is almost unnecessary to remark that we shall not neglect the guides which symptoms afford us, though I feel sure you will agree with me that here this guide is more liable to fallacies than in other situations, and that to have a real and reliable "totality" we must include objective conditions as well as subjective symptoms.

The following is a *résumé* of the facts I have been able to collect illustrating the precise and localized action (as far as hitherto ascertained) of various substances on the nervous system and especially on the spinal cord.

Alcohol.—The chief lesion of the nervous system (apart from delirium and tremors), is a multiple neuritis. Three varieties of alcoholic neuritis are described: 1, the paralytic (with predominating motor symptoms); 2, the ataxic; and 3, the hyperæsthetic or neuralgic (the last two with predom-

* *International Journal Medical Science*, August, 1889.

inating sensory symptoms). The ataxic form can resemble tabes dorsalis very closely, exhibiting at times double vision, inequality, sluggish reaction, or even immobility of the pupils, Romberg's and Westphal's symptoms, and nevertheless is due to a neuritis, and can be recognized as a neuritis only by its ætiology (alcoholism), and by its favorable course ending in recovery.

The symptoms of multiple neuritis are doubtless familiar to most of you; they may be summarised as follows, although any individual case may present wide departures from a typical description: Tenderness of nerves and muscles, subjective hyperæsthesiæ (cutting, burning, shooting pain, worse from every movement), numbness of fingers and toes, trophic and vasomotor disturbances (often including extensive painful œdema). General weakness shows itself early, soon developing into an evident bilateral paralysis, followed by atrophy; or the paralysis may be less general and be limited to isolated muscles or groups of muscles. Eye symptoms and disturbances of the organic reflexes may be present, with or without delirium, mental excitement, insomnia, rapid pulse and signs of cardiac weakness.*

Alcohol may produce all these symptoms and lesions, but it may apparently go further. Sharkey reports a case† in which constant rapidity of heart's action, dyspnœa (paroxysmal), dysphagia, and weakness during life, was found to be associated post mortem, with intense inflammation of phrenic, vagus, and popliteal nerves, and with inflammatory softening of the spinal cord in the lower cervical and dorsal regions, and in the lumbar enlargement of the cord. Degeneration of cells of anterior cornua at level of fourth and fifth cervical nerves‡ has been found. Retinitis indistinguishable from albuminuric retinitis, was present in another case‡ and was associated with increased arterial tension and enlargement of the left ventricle. No signs of nephritis were present and the symptoms all passed away. Double optic neuritis has been more than once reported, with or without strabismus. Widespread paralysis may exist without any

* *Ann. Untv. Led. Soc.*, 2 B-5.

† *Lancet*, April 21, 1888.

‡ *Lancet*, 1888, vol. 1, p. 273.

sensory phenomena. Contraction of the flexor muscles of the leg has also occurred.

In some cases the nerve terminations may be damaged and the trunk escape, while such spinal cord lesions as the following may exist, recent hæmorrhages in the gray matter with thickening of the blood vessels. The neuritis fascians of Eichorst, is caused by alcohol as well as by other agents. Sclerosis of the posterior or postero-lateral columns has also been found to be due to alcohol.

Antipyrin.—This drug appears to act* on all parts of the nervous system; mainly on the cord, but also on brain and motor nerves. If the symptoms produced by a drug may be compared with those the result of disease, the localization of antipyrin is fairly obvious. The symptoms in question bear a very strong resemblance to those of lateral sclerosis. For instance, in guinea-pigs and a cat spastic rigidity of the hind limbs has been found, and, in all animals experimented upon, rigidity formed a marked symptom. Further, in the first-mentioned animals this symptom appeared to come on with any attempt to use the limbs, just as in the case with a patient with lateral sclerosis.

The excess of myotatic irritability is also very marked, the slightest tap being sufficient to evoke violent muscular contractions, and in extreme cases to cause clonic spasms of the whole body. In one experiment phenomena exactly similar to those of ankle-clonus were obtained. In all cases the contrast between the effect of painful stimuli and stimuli such as the slightest taps, or even the vibrations produced by walking about the room, was most marked, the former producing less effect than in a normal animal, while the latter caused the violent spasmodic movements already mentioned.

The effects of antipyrin are so transient, seldom extending over more than a few hours, and the recovery is so complete, that pathological results demonstrable by the microscope are hardly to be expected. Further, doses sufficient to cause death produce other symptoms not referable to the lateral columns alone.

* *British Medical Journal*, June, 1889, p. 222.

As regards the action of antipyrin on the brain of mammals but little can be said at present. From the rapid rhythmic movements noticed in many cases, and from the circus-movements sometimes observed, it may be concluded that either the motor centres themselves are involved or that their inhibitory power is abolished.

In further illustration of the power of antipyrin to influence the motor centres of the brain is a case reported by Tuzek, and reproduced in the English journals. A healthy boy of four years of age had taken daily 18 grs. for three weeks. He fell into a condition of somnolence, passing into sopor. While in this state, "paroxysmal epileptic attacks" set in, some of them complete, with general convulsions following in regular order; others incomplete, with partial unilateral twitching. The pupils were dilated.

Arnica produces some ill-defined paralytic symptoms; *argentum nit.* also.

Arsenic.—The paralytic symptoms of arsenic are so well-known that I need not dwell upon them. Suffice it to say, that they are chiefly due to neuritis. An excellent assemblage of cases, illustrating both the motor symptoms and the various paræsthesiæ, is to be found in the *Cyclopædia of Drug Pathogenesis*, Vol. I, pp. 431–434. I would refer you also to an important case by Dr. M'Clure, reproduced in the *Monthly Homœopathic Review* for August. The condition of the reflexes and of the electrical reactions is fully described.

Although, as I have said, arsenic most commonly induces inflammation of the nerves (both nerve trunks and nerve endings) three cases are reported in *L'Art Médical*, vol. 43, p. 48, in which the symptoms pointed to a myelitis, acute, sub-acute or chronic. What these symptoms were or what lesion of the cord they suggested is not stated. Of more certainty is the record by Vulpian of an acute myelitis produced by arsenic poisoning, and demonstrated apparently after death. I have not met with any recent information on this subject.

Subnitrate of Bismuth.—In some experiments on a dog by Dalche and Velejean, the left hind leg became gradually weaker and weaker, and would not support the weight of the animal, and undoubted atrophy of the thigh accompanied

this. The sensibility was difficult to estimate. Then the left fore-leg was affected, and, finally, the right hind extremity. Thus the whole of the hind quarters were paralyzed, and hemiplegia and paraplegia were together present. Slight power of movement was present throughout, but only in the muscles of the thigh and shoulder. The tendon reflexes were present and the pupils remained active. At the autopsy no nerve lesions were found, but the cord was not examined. (*M. H. R.*, Feb., 1889.) The paralysis of bismuth appears to be of spinal origin, although it must be confessed that the case quoted does not furnish proof of this. The records of post mortem examinations are, unfortunately, often incomplete, especially in regard to the condition of the cord. In another case, related in the *Cyclopædia*, a kind of general paralysis occurred, and the post mortem showed the brain to be not very full of blood, with a gelatinous deposit between the convolutions, and some fluid in the cavities. The spinal vessels were full of blood, especially about the cauda equina. Spasms of the limbs are not uncommon.

Cocaine.—This drug has so wide and powerful an action on the nervous system that it should be capable of being turned to good therapeutic use. Richet * pointed out that the convulsions produced thereby were identical with those of true cortical epilepsy. Great weakness of legs in life is associated, post mortem, with degenerative changes in the central nervous system.† Marked hyperæmia, albuminoid degeneration in ganglion cells of spinal cord and of heart, and fatty degeneration of heart muscle and nerve cells of heart. The vascular system of the cord was much affected, there being cellular proliferation and hyaline degeneration of the coats. Extravasation of blood into fourth ventricle and anterior part of medulla; grey substance of cord overfilled with blood, resembling a bloody sponge.‡ Allen's *Handbook* gives, under coca, "involuntary rapid walking, with head bent forward." This symptom, together with the tremor it causes and its effects on the motor centres of cerebrum suggest the possible usefulness of cocaine in paralysis agitans.

* *Ann. Univ. Med. Sci.*, vol. v., p. 9.

† *Ibid.*, vol. II., p. 22.

‡ *Cyclo. of Drug Pathogenesis*, vol. II., p. 278.

Copper produces cramps, choreiform and convulsive movements, and a paralytic condition resembling amyotrophic spinal sclerosis, as pointed out by Dr. Hughes. The *Cyclopædia* gives no case where a lesion of the cord was demonstrated after death.

Iodoform.—In 1887 I made a collection of a few illustrative cases of iodoform poisoning; these are printed in the *Homœopathic World* for January, 1888. This substance causes local anæsthesia, staggering gait, diminution or exaltation of both superficial and deep reflexes, spasmodic paraplegia, with tremor on voluntary movement, permanent priapism, dilated pupils, convulsions, etc., mostly of spinal origin. There were found, post mortem, intense hyperæmia of cerebro-spinal nervous system, especially in the grey matter, accompanied with changes in the nerve cells. Chorea has been produced.*

Lead.—An admirable summary of our knowledge of the action of lead on the nervous system is to be found in Dr. Hughes' *Pharmacodynamics*. There is little to add to his account. Neuritis is unquestionably produced, but there can be little doubt that the spinal cord is affected both by acute and chronic inflammation. Vulpian has demonstrated its power to induce acute myelitis in a dog,† and many authors have concluded from the similarity of the muscular atrophy of lead poisoning to that of affections of the anterior horns from other causes, that an anterior polio-myelitis was the cause of lead palsy. Recent studies of peripheral neuritis show these deductions to have less value than they formerly were supposed to possess.

Wood, in the third edition of his *Treatise on Therapeutics* (1881), says, that no definite spinal lesions have been recorded, and Brunton has no additional information to give.

Braun‡ relates a case in which lead appeared to be an important etiological factor.

The following is a summary of the symptoms and of the lesions found after death. Pains and paræsthesia in right arm and hand and in both legs; muscles of hand, forearm

* *Lancet*, Sept. 21, 1889.

† *Nouveau Dict. de Med. et de Chir. Prat.*, t. xxii.

‡ *Ann. Univ. Med. Sci.*, v. B-14.

(extensors), and of shoulder became painful on pressure, atrophic and showed fibrillary contractions. Electrical excitability was diminished, and a partial reaction of degeneration present. Deep arm reflexes abolished; those of leg present. Sensibility normal. Autopsy showed absence and atrophy of ganglion cells of anterior horns, and of anterior nerve roots on right side at the level of origin of sixth and seventh cervical nerves; bilateral atrophy of posterior nerve roots of cervical and lumbar enlargements, and also a degeneration of the posterior columns (atrophy of nerve fibres and increase of connective tissue). Nerves and muscle of paralyzed parts were degenerated, Braun regarded the central changes as secondary and due to a continuation upwards of the inflammation of the nerves.

In a case of sciatica, probably due to lead and alcohol, in addition to neuritis a lepto-myelitis of the lumbar enlargement was found.*

These are the only cases I have found where the spinal lesions have been localized.

Other neuroses of plumbism are optic neuritis proceeding to atrophy; strabismus due to paralysis of external rectus or other muscles; hemiplegia, hemianæsthesia, violent and intractable chorea; and the *encephalopathia saturnina* (including epileptic convulsions).

Lathyrus.—This agent appears to cause two classes of symptoms, according to the part of the cord affected; if more than one tract of the cord be affected at the same time, however, as is sometimes the case, the symptoms necessarily become less clearly defined. In one class of cases impairment of power of locomotion goes with rigidity, tremor of extremities worse on exertion, increase of the deep reflexes. Tactile, thermic, dolorific, and electric sensation are perfect, the special senses are unaffected and the muscles are not wasted. The lateral columns of the cord are evidently affected, though strangely enough there are no post mortem proofs on record of this probability. In the second class of cases the impaired power was associated post mortem with atrophy of the ganglion cells of the anterior horns of the

* *Ibid.*

cord and of the medulla, also of the vagal and spinal accessory nuclei. These conditions occurred chiefly in horses poisoned accidentally or experimentally. They were accompanied with fatty degeneration of the intrinsic muscles of the larynx (especially of the left side) and of the heart. The neuroglia was increased in one case concurrently with the atrophy of cells. In still other cases sensory phenomena exist and the organic reflexes are interfered with. These symptoms tend to improve and perfect recovery may ensue. Proust, who observed these cases, attributed the condition to a transverse myelitis due to hæmorrhage and followed or not by degenerative changes.

Schuchardt believes the muscles below the knee to be largely affected.* Cantani † finds the abductors to be more affected than the adductors, sensibility of legs preserved and the "descending galvanic current produced slight contractions when the current was closed. The contractions were weaker in the flexors than in the extensors." A fragment of muscle showed diminution of the transverse markings and some evidences of fatty degeneration. In a recent number of the *Revue des Sci. Med.*, I read of a very considerable muscular degeneration having occurred as the result of lathyrus poisoning.

The *oxytropis lamberti*, a "loco" weed of the western plains of America, is very poisonous to horses and is an ally of lathyrus. It is said to produce spinal congestion and paralysis (Allen's *Handbook of Materia Medica.*)

Mercury.—Kussmaul's ‡ picture of the tremor, the paresis, the affection of speech, the nystagmus, and the mental disposition, strikingly suggest disseminated sclerosis. At the autopsies there have occasionally been found traces of inflammation in the brain and spinal cord, but no localized lesions are recorded.

A transitory left hemiplegia with sensory phenomena has (apparently) resulted from the drug,§ and Bartholow|| has "seen a well-marked case of locomotor ataxia," with pains,

**Ann. Univ. Med. Sci.* vol. 5, B 19.

†*Ibid.*

‡*Cyclopædia of Drug Path.*, sub. voc. p. 218.

§*Cyclo.*, III., p. 223.

||*Ibid.*, p. 230.

ocular disorders, spermatorrhœa, plantar anæsthesia and inco-ordination result from the inhalation of mercurial fumes. I may state here that two cases have come under my observation, which illustrate the depressing influence of mercury on the cord. One was a case of myelitis, and the other of tabes dorsalis in an early stage; both were doing well and gaining power under the use of electricity and rest, when a celebrated neurologist prescribed a course of mercury. From the time when they were under its influence they went back hopelessly and completely.

A condition resembling *petit mal* is induced by mercury.

Nitro-benzol.—The general effects of nitro-benzol* are anæmia, cyanosis, drowsiness, headache (temporal and vertical, and worse on lying down), vertigo, anorexia, nausea and vomiting, palpitation and dyspnœa on exertion, etc. The symptoms of the nervous system are as follows: There is always present a feeling of tingling and itching in the fingers, both palms and the back of the hands, reaching as high as the wrists. The fingers feel numb and clumsy, as if the skin was thickened, and there is inability to hold or properly feel a small object such as a pin or needle. These sensations are observed in the tops of the feet, but never in the soles. The hands and feet are easily chilled, and the extremities become cold. Areas of hyperæsthesia are common. Drawing the finger very lightly over these sensitive areas sends shooting pains some distance up the limb. Tenderness when the muscles are pressed is usual, and is sometimes curiously limited. Muscular feebleness and general lassitude are very early and prominent symptoms. The power of grasping by the hand is greatly decreased, and that of walking almost fails in severe cases. When walking, the men are often twitted for being drunk; they say they do not know where their legs are, and if they fall, as they often do, they cannot pick themselves up. They are very unsteady when asked to close their eyes and walk backwards. Other symptoms of ataxia cannot be detected, neither does any special group of muscles seem to be affected. Muscular wasting may occur, and interference of the finer and more

* *Practitioner*, July.

delicate movements of the hand. Sensations of touch and pain do not appear to be retarded. The hearing and taste are unaffected. The cremasteric and umbilical superficial reflexes I have nearly always been able to obtain; ankle clonus I never found. Speaking generally, the tendon reflex of the knee is weakened, especially in severe cases; in some cases it is lost. There is a great loss of energy, and the sexual appetite is notoriously weakened or lost, and erection of the penis very rare. This array of symptoms implies such a profound and extensive affection of the spinal cord and its membranes as to suggest the probability that the central nervous system is not alone responsible for the symptoms. Another point is the absence of either vesical or rectal symptoms, and the non-implication of the ciliary sympathetic regions. It may eventually be found, as Dr. Lauder Brunton suggests, and has, I believe, to a certain extent proved, that both the central nervous system and also the peripheral nerves are affected.

Oxalic acid has many symptoms pointing to the belief that it has the power to damage the nerve centres and the meninges. They are weakness of the legs (extending over the whole body), stiff feeling in back on rising; toes of right foot spasmodically drawn downwards; and heaviness in left hand; fingers obey will only heavily and slowly, and draw inwards; sharp pains here and there, increased sexual desire. These symptoms were experienced by provers, and in poisoning cases they are much more pronounced, excruciating agony in lower part of back, extending down thighs, weight and powerlessness of limbs, numbness and tingling of extremities and general numbness. In experiments on animals slight permanent stiffness of the hind legs, gradually increasing, stiff gait, insensibility, spasm giving place to paralysis and general tetanic spasms, like those produced by strychnia are caused.

For spinal pain and spasm oxalic acid is deserving of confidence. The symptom "pains occupy a small area" suggest it for the severe pains of *tabes dorsalis*. I have myself relieved such pains in a woman with an ataxic gait but without any other sign of *tabes*.

An important case of poisoning by oxalic acid is recorded

in the September number of the *Homœopathic Physician*. The nervous symptoms are as follows: Tonic and clonic spasms occurred in the upper and lower limbs; the patellar reflexes on both sides were exaggerated, also tendo Achillis and periosteal reflexes. When the left external malleolus was merely touched, the left tibialis posticus protruded. The triceps and periosteal reflexes of the forearm were also increased. The pupils were dilated, but no note is made as to their activity; sensorium dull. Examination showed perfect anæsthesia of tips of fingers and toes, of anterior surface of hands, and of plantar surfaces of feet. While the prick of a pin is rightly localized in the upper arm and thigh, a deep prick is necessary in the leg to cause a dull pain; sensibility of other parts normal. Pains were felt in left lumbar region and in legs; feet and hands as if asleep. The drug also produced acute nephritis with hæmaturia.

Petroleum-ether (Benzine).—Poisoning by this substance, in the case of a workman using it, has shown it to have considerable effect on the nervous system, as indicated by the following symptoms: The pupils were widely dilated and did not act to light; there was nystagmus, conjunctivæ were barely sensitive to touch, and paralysis of lower extremities, with incontinence of urine and fæces, existed. The patient was entirely unconscious and had had a general convulsion. Petroleum-ether or benzine is a mixture of several organic compounds, which belong to the marsh-gas (CH) series. As it is not a definite organic compound the active factor in the mixture which gives rise to the above symptoms is not known.

The benzines having haloid radials produce general tremor or movement resembling the tremor of disseminated sclerosis.*

Picric acid.—Under the influence of this drug the animals experimented upon displayed great weakness and lassitude, and suffered from entire anæsthesia and analgesia of posterior extremities. The gait, too, is peculiar, resembling somewhat that of locomotor ataxy. This is due to sudden spasms of single muscles during walking. General spasms exist. After death the cerebellum, medulla oblongata and upper part of

**Proc. Royal Soc.*, vol. 42, p. 240.

the spinal cord were found to be completely disorganized, soft and pulpy.

The optic nerves have been found hyperæmic and the vessels, especially the veins, enlarged. Above the optic nerve "immense white patches of exudation, with some hæmorrhagic spots," were found. On post mortem and microscopical examination the nerve entrance was found much swollen and infiltrated; masses of yellowish white exudation are observed, extending from the nerve into the various portions of the retina; others are unconnected with the nerve entrance. Whole retina infiltrated; small extravasations in optic nerve and retina.

The power of this drug to produce serious lesions of the nerve centres is very pronounced, but hitherto its effects have not been sufficiently localized to make it of much use in pathological prescribing. Weakness, heaviness, coldness and numbness are the symptoms the provers experienced in the lower limbs, and of these the left appears to be sometimes more affected than the right. The sexual excitement caused by the acid is apparently of spinal origin. It has been used chiefly in functional disorders of the nervous system. Dr. Hughes suggests its use in so-called "white-softening" of the cord and in neuro-retinitis.

Spigelia.—Hare, of Philadelphia, found that this drug caused dilatation of the pupil and exophthalmos; this, together with its known effect on the heart confirm its use in Basedow's disease. He also found that muscular weakness and lack of co-ordination were induced. The walk became staggering and uncertain in both fore and hind legs. Muscular power was progressively lost, but sensation did not seem to be affected. The palsy was found to be spinal in origin.—*Ann. Univ. Med. Sci.*, vol. iv., p. 544, 1888.

Concerning some other remedies of interest, such as agaricus, belladonna, ergot, phosphorus, rhus, strychnine, etc., etc., I have unfortunately, no time to speak.

In conclusion, while acknowledging the smallness of the positive and accurate information I have been able to collect, I should like to anticipate criticism on one point. If my paper has been only or mainly pathological, it is not because I undervalue symptomatology. But I do wish to ex-

press my opinion that subjective states should, whenever possible, be associated with their objective conditions. Symptomatology alone has yielded but meagre results to these formidable diseases of the nervous system. Pathology alone would do as little, it is true; but the two together may, perhaps, in the future be more fruitful. In any case, however, it was outside the intention of this paper to go minutely into symptoms.

In affections sufficiently definite to be localized—affections in which the lesion has gone beyond mere perversion of function—pathology will guide us to a number of drugs from which to choose the remedy, and symptomatology will enable us to determine which one of the number to select for any particular case.

TABLE I. SUMMARY.

Myelitis, (lesion not localized).—Arsenic, lead, mercury, nitro-benzol (?), petroleum ether, picric acid, spigelia.

Lateral Columns.—Antipyrin, bismuth (?), copper, lathyrus, mercury (?).

Anterior Horns.—Alcohol, cocaine, lathyrus, lead.

Posterior Horns and Postero-External Columns.—Alcohol, lead, oxalic acid, spigelia (?).

Anterior and Posterior Nerve Roots.—Lead.

TABLE II. CLINICAL SUGGESTIONS.

Lateral Sclerosis.—Antipyrin, bismuth, copper, lathyrus, mercury, (belladonna).

Disseminated Sclerosis.—Mercury, benzine.

Paralysis Agitans.—Cocaine, mercury.

Infantile Paralysis and Progressive Muscular Atrophy.—Alcohol, cocaine, lathyrus, lead.

Multiple Neuritis.—Alcohol, (aniline), arsenic, copper, lead, nitro-benzol.

Tabes Dorsalis.—Alcohol, lead (?), oxalic acid, spigelia (?), (ergot), (strychnine ?), (belladonna).

Meningitis (Spinal).—1. (Actea rac.), 2. ars.; 3. lead; 4. oxalic acid; 5. picric acid.

Optic Neuritis.—Alcohol, lead, picric acid.

Epilepsy.—Antipyrin, cocaine, mercury, (petit mal.)

NOTE ON THE INTERNAL USE OF OIL OF EUCALYPTUS.

BY ED. M. MADDEN, M. B., BROMLEY, ENG.

I wish very briefly to call the attention of my colleagues to the valuable and rapid action of the *eucalyptus* oil when given internally, especially for acute diarrhœa.

A glance at its provings in the new *Cyclopædia of Drug Pathogenesis* shows a perfect picture of acute general catarrh, but with a special tendency to act on the bowels, as indicated by symptoms beginning with "*skirmishing, aching pains in upper bowels, with feeling as if diarrhœa was impending,*" and going through "*sharp aching pains in lower bowels with thin, watery, yellow diarrhœa*" up to "*tenderness and burning sensation in stomach and bowels with great heat in rectum, followed by tenesmus, with discharge of mucus and great prostration.*"

The use of this drug both internally and by inhalation in catarrhal affections of the nose, throat and bronchi is common enough in general practice, and is only one more instance of the widespread, though unconscious, use of drugs which are truly homœopathic to the diseases they cure, and in this case, I fear not nearly so much used by those who accept the principle of *similia similibus* as by those who merely act empirically.

But its use in acute diarrhœa, especially of the kind which is so prevalent during the summer and autumn, has not so far as I know, been hitherto recorded, nor among those I have spoken to does it seem to have been at all appreciated.

It is, however, a most valuable and rapidly acting medicine in these cases, and since my attention was first called to it last year by Dr. Molson, now of Wimbledon, I have learned to put great trust in it, and am anxious it should be more widely known.

The following, which is the last case out of many in which it has done me good service, is a fair illustration of its efficacy.

Mr. W., æt. 43, was seen first at 9 A. M., on August 16th, 1889. Since getting wet a week ago had been suffering from pains across the upper abdomen, with profuse yellow watery diarrhœa. No appearance of blood, but a little mucus. P. 100. T. 100° F. Tongue very foul, yellow and shiny.

I at once ordered him to take the eucalyptus oil, in doses of two drops on a lump of sugar every two hours.

I saw him again at 5 P. M. the same day, when all severe pain had ceased, his bowels had only acted twice and the motions were less fluid and smaller in quantity. P. 84. T. 99.6°.

The next morning the diarrhoea and pain had entirely ceased. P. 72. T. normal, and he made an uninterrupted recovery.—*Hom. Review.*

CAFFEINUM IN PONDERABLE DOSES IN THE TREATMENT OF INSOMNIA AND NOCTURNAL NEURALGIA.

TRANSLATED BY S. LILIENTHAL, M. D., SAN FRANCISCO, CAL.

Marc Jousset read the following essay at the International Congress of Paris. Insomnia with agitation is a well-known effect of coffee. Caffeinum in a toxic dose produces the same effect (*l'Art Medical*, Dec. 1885), where it is reported: insomnia with excitation and impossibility to remain in bed. The production of painful symptoms of neuralgia is less known, still Gabalda (M. M. of Jousset) mentions symptoms as: excessively painful neuralgia in the lower jaw; toothache, especially at night; spasmodic gastralgia; tearing pains in the neck and back; migraine. When we add to these pathogenetic symptoms the well-known favorable action of coffea in infinitesimal doses or of caffein in the third decimal, as prescribed by Hahnemann for sleeplessness and toothache, we cannot doubt that its action is perfectly homœopathic. What we wanted to show is that there are cases where our minute doses may not suffice and where material doses succeed; for example: (1) Mrs. R., 77 years old, fracture of inferior maxillæ with contusion on the chest by being struck by a pole of a carriage. The following days prosopalgia with nocturnal restlessness, for which she received coffea 6th, and as this failed caffeine 1st x, 0.50 in half a glass of water, with immediate improvement, but as it was not lasting, the substance itself was prescribed, 5-10 centigrammes at night, followed by refreshing sleep. (2) Mrs. A., 65 years old, diabetic, herpes-zoster of the plexus-brachialis with constant neuralgic pains, worse at night, so that

she has to get up; after failure of rhus, mezereum, first relieved and then cured by caffeine in substance. Cases 3 to 6 are similar nocturnal neuralgia, cured by caffeine in substance. (7) A nervous woman suffered from gastric crises, which were only palliated by morphine hypodermics, but totally relieved by caffeine. It has done me many a good service in colic.—*L'Art Medical*, Sept. '89.

ARTICLES IN SURGERY.

INTRA-PERITONEAL PREGNANCY—A CASE.*

BY JAMES C. WOOD, M. D., ANN ARBOR, MICH.

Mrs. E. C., actress, aged 23 years, dark hair and eyes, petite and very intelligent. Married, June, 1888, just thirteen months previous to operation, at which time she was menstruating regularly, but the flow never appeared after marriage. The following November, fearing pregnancy, she for the first time consulted a physician, who made an ineffectual effort to produce an abortion. After a rest of four or five days she returned to the stage.

An opportunity to star as "Peck's Bad Boy" induced her to leave her husband's troupe and engage herself to another company. While thus engaged she suffered three bad falls, suffering much and continuous pain. In February of this year (1889) she had a severe attack of peritonitis, preceded by collapse and syncope. She was confident of feeling motion and life previous to and during this attack, notwithstanding the assurances of several physicians, who at the time examined her, that no pregnancy existed. Going from town to town, numerous medical men were appealed to, and, alas! not in vain, to undertake an abortion. The repeated criminal efforts were unavailing, and she, too, became dissuaded, believing her condition to be due to other causes than pregnancy.

A very large fecal impaction, which had to be removed by injecting ox-gall, followed in the train of the peritonitis. Although utterly unfit to do so, she returned to her company April 15th and played a quiet part. At this time there was

* Read before the Homœopathic Medical Society, State of New York.

no perceptible change in form and no mammary symptoms, of pregnancy. The suffering, excited by her stage efforts was so great that she resorted continuously to morphia, and often would faint as soon as the curtain fell. During the day she was confined to her couch, but, with amazing pluck, would go from it to face an audience. In early June her courage failed her, and she sent for her husband, who at once cancelled her engagements and placed her under proper medical care.

On June 22d she reached her home at Charlotte, Mich., and became a patient of Dr. Sara J. Allen, of that place, to whom I am indebted for the foregoing history. Upon reaching Charlotte she was in an extremely wretched condition; could retain no nourishment and could not lie in any position, owing to the extreme sensitiveness of the abdomen. To use the doctor's own words: "I saw her June 24th for the first time, but found her too sensitive to make a thorough examination; however, I could locate the head presenting favorably in the vagina, but was unable to reach the os. The knee-chest posture occasionally, and nux 3x, internally, made her so comfortable she could both eat and sleep fairly well, and began at once to improve. She was not only able to be up and about the house, but came to my office every other day to report her favorable progress. On Tuesday, July 16th, she was taken with slight pains through the back and hips, like those of normal labor, but Wednesday they recurred oftener, were more severe, and there was a painful dragging sensation in the region of the umbilicus. I administered chloroform, and found the os high up behind the pubes, the head apparently crowding what appeared to be a thinned posterior uterine wall into the vagina. I brought down the cervix and began dilating. The pains recurred at lengthened intervals and were very feeble. Up to this time the motions of the fœtus had been excessive and painful, but were now only slightly felt in the left hypochondriac region. The genu-pectoral posture again brought relief and the pains ceased, though the heart pulsations were still distinct and feeble fœtal motions yet perceptible. The following day (Sunday) she was cheerful and comfortable, and I was not again called until 2 A. M. Monday morning, at which

time she was suffering from great soreness where the child had kicked her, for which I applied calendula and carbolic acid cerate externally, and gave arnica internally. I then telegraphed Prof. James C. Wood, of Ann Arbor, but, unfortunately, he was in a neighboring State on a similar mission, and did not come to my aid until Tuesday, July 23d."

Upon reaching the patient I found her in a precarious condition, with a pulse of 145 and temperature 103° F. Sepsis was marked, as was shown by the pulse, temperature, color of the skin and profuse perspiration. The abdomen was the size of full-term pregnancy and very sensitive; the enlargement was uniform and symmetrical. The vagina was equally sensitive, and the patient could not tolerate an examination which was in the least satisfactory. I could, however, feel a large foetal head low down between the vagina and the rectum, the sutures being felt with ease and the plasticity of the head easily observed. The intervening tissue did not seem to be thicker than heavy parchment. This examination made me mistrust an extra-uterine pregnancy, a condition which Dr. Allen strongly suspected before my arrival, and I requested that another assistant be secured, so that, if our suspicions were confirmed by an examination under ether, an operation might be proceeded with. We accordingly got everything in readiness to meet any emergency. Owing to an accident, I had to improvise, with a file and spirit lamp, a drainage tube from an ordinary piece of glass tubing.

At 1:30 P. M. the patient was placed on the table under the influence of ether. The head was found in the position described, evidently occupying the Douglass pouch. The cervix was high up above the pubes, and could be dragged down but a short distance by the vulsella. The finger could be passed through the canal only to the internal os. A probe penetrated the uterine cavity three inches. The foetal parts could be easily detected through the thin abdominal walls, and I imagined that I could hear the placental bruit, though I fully appreciate the deceptive nature of the sound, especially under the circumstances with which I had to contend. Feeling confident that the child was not within the uterine cavity, and with the concurrence and assistance of

the attending physician and Dr. J. W. Siegfried, also of Charlotte, who kindly responded to our call, I prepared to open the abdomen.

OPERATION.—Observing antiseptic precautions as completely as possible, an incision was made midway between the pubes and the umbilicus in the median line. I did not make a lateral incision because the perfect symmetry of the abdomen gave no clue as to which, if either, side the sac was located. The first stroke of the knife brought me to a membrane resembling the peritoneum as found over adhesions in ovarian tumors. Catching it between two forceps, and nicking it, a stream of fluid, either amniotic or ascitic, gushed out. The abdominal walls were quite vascular, and several catch forceps had to be applied to spurting arteries. Enlarging the opening into the peritoneum, the feet came into view and protruded through it. It now became necessary to enlarge the abdominal incision so that it extended at least two inches above the umbilicus; the feet of the child were then grasped by the left hand and an effort made to deliver it through the wound. This could not be done until the head was peeled out, as it were, from the cul-de-sac, after which a five-pound putrid fetus, thickly covered with vernix caseosa and with the skin broken in many places, owing to the high state of putrefaction, was delivered through the abdomen. The hæmorrhage now became frightful, the patient exsanguinated, and it was evident that something had to be done, and that quickly. Instructing my only assistant to throw some brandy under the skin, I quickly threw an elastic ligature around the entire mass and packed sponges about the pedicle. This controlled the hæmorrhage very effectually and gave us an opportunity to wash the clots from the abdominal cavity by pouring hot water into it from a pitcher. The effect of this was like magic in rallying the patient. The next point to contend with was the management of the placenta. It was very evident that the peritoneal cavity could not be excluded from the cyst cavity, for they seemed to be one and the same thing. In short, the only cyst cavity that I could detect was the peritoneum, unless, indeed, the cul-de-sac occupied by the head could be called a cyst cavity.

In making this statement I am aware that so good an authority as Tait claims that the famous Jessop case is the only authentic one of intra-peritoneal *non-encysted* ectopic pregnancy on record. He does not, however, give what, to my mind, at least, is satisfactory proof of the unauthenticity of the cases cited by Parry and others.

At any rate I found no traces of a gestation sac other than the attachment of the omentum to the mass which I had included in the elastic ligature, and several bands of inflammatory tissue springing from the pelvis and attaching themselves to the transverse colon. A more careful examination showed that my ligature had embraced the left broad ligament, between whose folds the placenta was attached, the entire fundus of the uterus and both tubes. The inclusion of the uterus could only be determined by not finding it in any other locality, because it was utterly impossible to differentiate or separate the various structures of the mass; indeed, in my opinion, it would have been the most reckless folly to have undertaken it. To have detached the placenta was entirely out of the question; to have left it within the abdominal cavity, the peritoneum being more or less destroyed at the lower border of the broad ligament and the system already saturated with septic material, seemed equally unscientific. I therefore, and without precedent, transfixed the pedicle above the ligature with a couple of Wilcox pins and cut away the entire mass, placenta, uterus and appendages, permitting the stump to rest at the lower angle of the wound, as in hysterectomy for fibroid. The omentum seemed unhealthy, very much thickened and even gangrenous, and this too was tied and cut away. The bands of inflammatory tissue were secured in the same way; in short, both the abdominal and pelvic cavities were thoroughly emptied of any tissue or substance that could slough or disintegrate. The abdomen was again thoroughly washed with hot water and sponged dry, but, owing to the continued oozing of blood from the Douglass cul-de-sac, a glass drainage tube was passed into the bottom of the cavity. The patient's condition would not permit longer delay in contending with the hæmorrhage, so the pelvis was packed with iodoform gauze, one end of which was left projecting through

the abdominal wound. The abdomen was then closed and the stump dressed in the usual manner, when the patient was placed in bed, very weak, but soon rallying under the influence of warmth and hypodermic stimulation. The operation lasted less than one hour.



Fœtus and placenta, with uterus and adnexa: *a*—peritoneum stripped from base of broad ligament and posterior uterine surface; *b*—base of broad ligament; *c*—outer border of left broad ligament; *d*—fundus of uterus at point of section; *e*—one of the inflammatory bands extending to transverse colon. (The omentum is not shown).

Time will not permit me to dwell upon the daily progress

of the case so carefully and skillfully watched and managed by the attending physician. Suffice it to say that the pulse dropped in nine hours after the operation to 116, and the temperature to 101° F., without any evidences of profound shock. The temperature fluctuated between 101° and 102° F., one day even reaching 104° for a short time, approaching the normal about the sixteenth day. Nourishment was freely taken and retained from the first. The gauze was removed at the end of the second day, blood-stained but sweet. Smaller drainage tubes were substituted from time to time and discarded entirely on the twenty-sixth day. The cavity was kept thoroughly clean by suction and frequent washing. The pedicle and ligature were removed on the sixteenth day, the entire cervix coming away through the vagina on the seventh day. This seemed to me a most remarkable event, and, to make sure that it was the cervix and not a decidua, I had the mass sent to me for examination. I also had Dr. Allen make a vaginal examination before completing my record (Sept. 16th), and she reports an entire absence of the cervix. It is probable that the elastic ligature fell below the utero-vaginal mucous membrane, thus severing the cervix and permitting it to fall into the vagina, the fundal end of the stump adhering to the lower end of the abdominal wound for several days longer. This explanation is largely hypothetical, but I can think of no other.

A few doses of morphia were necessary to quiet the pain, the patient having taken it daily for a long time; with the exception of this and an occasional seidlitz powder—which always reduced the temperature—the medication was strictly homœopathic. In a letter from Dr. Allen, dated September 7th, she says: "I think that I can truthfully say that Mrs. C. has recovered. She has been riding nearly every day since August 23d, just one month from the day of the operation; she walks all over the neighborhood, eats heartily, and has filled out until you would not recognize her as the thin, emaciated little girl of three weeks ago, when her flesh hung flabby and thin, and her limbs were all the way of one bigness. She will ride for one or two hours with me in making my calls without becoming the least weary, and sews or knits

all day without lying down. She cannot remember when she felt so well and was so free from pain."

REMARKS.—I have said that I removed the entire uterus and adnexa without precedent. I mean by this, that so far as I am able to learn after searching the literature with a certain degree of faithfulness, I have not been able to find a recorded instance of ectopic pregnancy in which the uterus was removed with the foetus and placenta. On the contrary, the vast majority of writers recommend leaving the placenta untouched, Tait and Strahan affirming that the best results are obtained by hermetically sealing it in the wound, thus promoting absorption without decomposition. Let it be remembered, however, that I had no foetal sac other than the peritoneal cavity in which to "hermetically seal" the placenta, and, inasmuch as its detachment was utterly impossible, I simply conformed to a surgical principle so emphatically insisted upon by Tait in dealing with early rupture and hæmorrhage, and in the practice of Porro's operation of total extirpation of the pregnant uterus, namely: I removed all removable sources of hæmorrhage and septic infection. The principle is a broad one, and for its application in this somewhat unique case I deserve no credit.

It may be claimed, from a moral standpoint, that I had no right to unsex a young woman 23 years of age and deprive her of all maternal prospects. In reply I will say that so long as nearly every town in the country contains men and women, calling themselves physicians, whose business it is to traffic in the lives of unborn infants, just so long will my conscience remain invulnerable to appeals of the kind, especially when my patient's life is in the balance, or when I know that the abortionist's probe has repeatedly sought in the uterus that which could only be delivered through the abdomen.

The history of the case is not clear. It seems improbable that pregnancy had existed for thirteen months—the duration of menstrual suppression. Her physician is most confident that she felt vigorous foetal kicks ten days previous to the operation; the decided decomposition would hardly indicate this. The nails, extremities, eyes, etc., showed that it had lived for at least nine months. Whether or not the

rupture took place directly from the tube into the abdomen, or from the tube into the folds of the broad ligament and then into the abdomen, I am unable to say. The serious trouble during the early period of pregnancy would indicate a rupture into the broad ligament, and the still more profound attack of collapse and peritonitis in February would likewise suggest that a second rupture permitted the fœtus to pass into the peritoneal cavity without becoming encysted. The peritoneum [a] [vide plate] was detached from the base of the broad ligament and lower portion of the uterus [b] when examined after removal, but there were no other evidences of a rupture in this region.

In conclusion permit me to quote the words used by myself in the February, 1889, MEDICAL COUNSELOR, in a paragraph reviewing Mr. Lawson Tait's Lectures on Ectopic Pregnancy, which had been sent to me for that purpose:

"The author, at the very outset, expresses his indebtedness to the works of Drs. Wm. Campbell, of Edinburgh, and John S. Parry, of Philadelphia, the former published in 1842 and the latter in 1876. One is rather surprised that no mention is made of that of Steven Rogers,* published in 1867, inasmuch as Rogers, even at that date, emphasized the fact that gastro-tomy is the only recourse when the surgeon recognizes the presence of blood in the peritoneal cavity, with a coincident history of hæmatocele. For instance, on p. 40, in discussing the treatment of ruptured cyst with active hæmorrhage, he says: '*The peritoneal cavity must be opened; the bleeding vessels must be ligated!*' Again, on p. 41: 'The pretext that the operation may not save life, or that the chances are greatly against its success, evinces, to me, a culpable lack of moral courage. This is not the reflection which should animate the surgeon under such circumstances. The questions for him to propound are: Is it necessary, and if attended by any or by greater danger, is there a reasonable or is there any hope without it?' When it is remembered that these words were written over twenty years ago, at a time when abdominal surgery was yet in its infancy, one cannot tell whom to most admire—Rogers, who promulgated a surgical

*Extra-Uterine Gestation and Fœtation, and the Early Signs which Characterize It. By Steven Rogers, M. D., New York, 1867.

principle and advocated its adoption in words that cannot be misunderstood; or Tait, who, with his series of forty-two cases, has demonstrated the correctness of that principle."

A copy of the journal containing the review was sent to Mr. Tait, and very soon I received the following letter:

BIRMINGHAM, March 15th, 1889.

DR. JAMES C. WOOD.

My Dear Sir: Let me thank you for your kind review of my book in the *MEDICAL COUNSELOR*. I am greatly indebted to you, amongst other things, for your informing me concerning the work of Dr. Steven Rogers, of which I had never previously heard, curiously enough. Is it possible to get me a copy of the book? It is very strange that I have never seen or heard of it, as the quotation you give from it is enough to make me sure that it is a book of great value. Very truly yours,

LAWSON TAIT.

The little book referred to came into my hands from the library of the late Prof. Edward S. Dunster. It is a reprint from the Transactions of the American Medical Association, 1867, and, in the light of to-day, one cannot help but admire the author's prevision and originality, for it fairly teems with suggestions which have become recognized surgical principles. Strangely enough, even our American writers practically ignore it, and the only ones who even refer to it are Parvin and Parry. During a recent visit to New York I learned from the late Prof. Hunter that Dr. Rogers was at one time connected with the Woman's Hospital, but soon after the war located in the South and died. If one can be judged by his works, I am sure that Rogers, had he lived, would have developed into an original and fearless operator, becoming not only an honor to his profession but a blessing to mankind.

ON THE IMMEDIATE CLOSURE OF ANAL FISTULA.*

BY SIDNEY F. WILCOX, M. D., NEW YORK.

Among the incomprehensible things to my mind are the arguments against the radical operation for the cure of fistula in ano.

Many operators of experience whose minds turn naturally to the advanced and improved methods in operative surgery,

* Read before the New York State Homœopathic Medical Society, Rochester, Sept. 18, 1889.

still cling to what is illogical and obsolete in the treatment of rectal diseases.

There may be and are certain conditions accompanying anal fistula in which an immediate operation may be contra-indicated, but the question arises, when such conditions are present do they not preclude *any* treatment of a radical nature, whether by the knife or by ligature? It seems to me that so far as actual severity is concerned, the only difference between the operations by the slitting up and packing, and the introduction of the elastic rubber ligature, as compared with the operation for immediate closure, consists in the extra time required to dissect out the fistulous tract and introduce the sutures.

In a patient of weakened vitality with whom it is an object to finish the operation as rapidly as possible, time is a factor of great importance in order to avoid shock. But in the case of the patients upon whom I have operated by the various methods, I do not know of one where the extra time required for the immediate closure might not have been taken.

Another objection which might be brought against this operation is the increased danger of hæmorrhage from the more extensive territory which is opened up by dissecting out the indurated sinus. This is also a fallacy, for it is almost as easy for the surgeon with the aid of a good light and good assistants to stop the bleeding vessels in a rectal wound by applying ligatures or by torsion, as in an extensive wound in any other vascular part. Then, any surgeon knows that a wound that has been tightly closed by deep sutures is far less likely to bleed than one which is left loosely packed.

The objection is raised that there is a probability that the wound will not heal by first intention on account of the impaired vitality of the tissues in which fistula occurs. This has not been my experience, for in no case where I have closed the wound have I failed to get union by first intention. Perhaps I should make a partial exception in one case in which the fistula was a very long one, and where about an inch of the outer portion did not close properly, and which required a slight secondary operation.

But suppose it should happen that the operation should prove a complete failure in a certain case, the only result would be that a few days might be lost, and afterwards the case could be treated by packing as well as before.

My reason for disliking the elastic ligature is, that I have always found its use accompanied by great pain for several days after its insertion. I have never seen a patient yet who wanted to "go about his business" while wearing one. To apply it an anæsthetic should be given, for it is certainly cruel to do it without, and finally, a sulcus is usually left leading up into the rectum. This same deficiency in complete healing occurs when the sinus has been slit up and packed; and is caused by the fact that a line of cicatricial tissue grows from the integument edges of the flaps towards the centre as well as one growing from the centre towards the edge, and these two meet before the whole depression is filled up level with the granulation tissue, forming a depressed cicatrix.

The principal argument against the treatment by packing besides that of the depressed cicatrix, is that a great length of time is required for the granulations to fill the cavity. This, with the frequent dressings and the prolonged suppuration incident to the granulating process, becomes very tedious to the patient.

The old idea that phthisical patients are not amenable to operation I believe to be fallacious. This question has been argued pro and con ever since fistulæ have been operated upon. I would make an exception in advanced cases, but in those where the lung implication is slight, or where there is only a phthisical *tendency* present, I believe it better for the patient's general health that he be operated upon. Indeed, in my last case a perfect cure was obtained by the time of the removal of the sutures on the tenth day, in spite of the fact that the patient was suffering from a frequent hacking cough, and had been losing flesh rapidly. The mental annoyance caused by the consciousness of the presence of such a disagreeable lesion is often very great, and greatly depresses the patient, but, being freed from this nervous worryment, he takes a brighter view of life; and every medical man knows the good influence of a contented mind.

The fistula is, I believe, simply an accompaniment of or an incident in the general disease, and how the healing up of one ulcer in a remote portion of the body can effect the diseased lung unfavorably any more than that the healing up of one cavity in the lung should make another cavity worse, I cannot understand. It has been asserted that "nature requires an issue," but that question has already been fully discussed and need not occupy my limited space here.

THE OPERATION.—An excellent article by Kelsey, in a late number of the *Medical Record*, gives, with a number of illustrations, a very comprehensive idea of the methods to be employed, but as my results have been so good in several cases, I will give as briefly as possible the details of the operation as I perform it.

For a day or so previous to the operation the patient should take food which is well assimilated, and not of such a character as to leave a large amount of residue in the bowels.

The night before the operation he should take a good dose of castor oil, (from one-half an ounce to an ounce) and an hour or so before the arrival of the surgeon have a thorough enema of soap and water.

On the day of the operation his breakfast should be one which is light and easily digestible, and if the operation is to be in the afternoon he may take a cup of strong beef-tea about eleven A. M.

Thorough anti-sepsis should be employed and all the details regarding the instruments, sponges, ligatures and solutions, which are so familiar to all should be carried out. I prefer a 1-2000 solution of corrosive sublimate solution to any other.

I always have a fountain syringe capable of holding two quarts of the solution near at hand, so that the wound can be irrigated from time to time as required.

After anæsthetizing the patient he is drawn well down on the table and held in the lithotomy position by means of the anklets. The operation is greatly facilitated by the use of this apparatus, an excellent form of which is made by Stohlmann, Pfarre & Co., of this city.

The parts are then shaved, the rectum irrigated and the sphincter thoroughly stretched. This is a very important feature of any rectal operation, and I have never seen permanent incontinence follow even after five minutes severe stretching. This temporary paralysis of the sphincter obviates the painful reflex contractions of the muscle, and allows the parts to remain in a perfectly quiescent state so necessary to healing by first intention.

The course of the fistula should be ascertained and, if possible, a grooved steel director passed along it into the rectum. In some cases where the sinus is tortuous this can not be done and one is obliged to follow a probe as well as he can, cutting a little at a time. For this part of the operation I prefer a pair of strong gynecological scissors. If it is a horse-shoe fistula one may be obliged to go one-half or two-thirds around the rectum parallel with the fibers of the muscle until the internal opening is reached. One important point which is emphasized by Kelsey is that at whatever point the internal opening is found the external incision should be carried far enough around so that the fibres of the sphincter can be cut directly transversely. This is necessary in order that a better approximation of the cut ends of the muscle may be obtained, and its contractile power be not impaired.

After the fistula has been thoroughly opened up in all its ramifications the indurated tissues should be well dissected out with the scissors or knife. I prefer these instruments to the sharp spoon because a much cleaner wound is left and one which allows of a more perfect approximation of the flaps. A certain amount of boldness is required in this operation for too much caution will defeat its object. In cases where quite a deep dissection has been made, especially where the sinus has run around back of the rectum, I have found that by making an incision straight backward toward the coccyx it is much easier to get at the deep portions. This does increase the hæmorrhage somewhat at first, but at the same time it greatly facilitates access to the bleeding vessels.

Speaking of the hæmorrhage—in operations about the rectum this is always profuse for a few moments, but, as a

rule, it is easily controlled by pressure, hot water or torsion. It is seldom that one finds it necessary to ligate the vessels, and I believe the fewer ligatures one puts into a wound the better it will heal.

When the fistula is of the blind external variety, I have not found it necessary to cut through the mucous membrane into the rectum. In fact this incision would only complicate matters as it would have to be sewed up again and might not heal perfectly. Sometimes the internal opening is not easily found, and the rectal mucous membrane should be subjected to a thorough search before deciding that none exists.

After the dissection has been completed the sutures should be introduced. First, deep wire sutures should be inserted; these should, if possible, pass deep under the cut as in operations for lacerated perineum. Sometimes a very long loop is required, in some of my cases it has been nearly six inches long. The number of sutures required is what will be sufficient to bring about a good approximation of the deep portions. If the rectum has been slit up, the edges of the mucous membrane should be accurately approximated with fine catgut sutures. Externally, the edges of the skin should be brought together with fine iron dyed silk which has been previously boiled in a 1-2000 sublimate solution.

Before tightening the deep sutures, one or more small, thoroughly disinfected, rubber drainage tubes should be inserted at the most dependent portion of the wound. These may be removed on the fourth or fifth day after the operation, in order that the whole wound may close at once.

I have never drawn the wire sutures tight over a piece of iodoform gauze, as has been recommended by some operators, because in case of the gauze becoming foul before the wound is entirely healed it would be impossible to remove it without a great deal of trouble and inconvenience to the patient. The twisted ends of the wires are cut off about three-fourths of an inch from the loop.

After a last thorough irrigation the parts are well powdered over with iodoform, both inside the rectum and on the external wound.

Then a dressing of gauze and cotton is applied and well secured by a T bandage.

In order to keep the ends of the wires from pricking the patient, I pack small strips of the gauze down in between them and the buttocks before placing on the large pad.

AFTER TREATMENT.—The bowels should be kept quiet for at least a week. Sometimes it is necessary to use very small doses of opium, but only enough to control any impulse.

The nourishment is liquid for several days, but avoiding the use of beef-tea which has a laxative tendency.

It is often necessary to use a catheter for the first day or so until the patient gets over the nervous retention.

The dressings are changed only as often as is necessary from becoming soiled, or to allow the removal of the drainage tubes on the fourth or fifth day.

The sutures may be removed according to the judgment of the operator; I usually leave them in position about ten days.

As the movements are likely to be hard, it is generally a good plan to give a teaspoonful of licorice powder on the night before the removal of the sutures, and when the impulse is felt to assist it with an enema. After the removal of the sutures the patient should be kept quiet for a few days until the stitch-holes become closed and the union firm.

CAMPBOR FOR STYES AND FURUNCLES.—According to a correspondent of the *Mississippi Medical Monthly*, Dr. Cauldwell, of New York, in one of his recent clinics, gave the class his treatment of styes and furuncles with camphor, which is original with himself and is quite successful, certainly very simple and cheap. On styes he uses ordinary camphorated oil applied as often as convenient and before the formation of pus. He has a record of seventy-five cases, all successful. For furuncles he uses the ordinary tincture, rubbed on well six or eight times a day. He has a record of fifty-one cases thus treated with only two failures, and in these two the treatment was begun too late. He said also that he had been remarkably successful in treating felons with a saturated solution of bicarbonate of soda. He directs the patient to keep the felon surrounded with cotton batting, kept constantly wet with the solution.

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EDITOR.

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EDITORIALS.

THE ABOLITION OF MEDICAL SECTS.

As the medical mind is being stirred on the subject of medical creeds and medical sects, it will be in order to reproduce a paragraph from the oration of Dr. J. P. Dake, delivered at Pittsburgh, during the celebration of the fiftieth anniversary of the introduction of Homœopathy west of the Allegheny Mountains, as follows:

“Driven, years ago, to the necessity of organizing societies and schools and establishing journals of our own, we have found in them the way and the power to make ourselves understood, and to protect our interests throughout the country; and wisdom admonishes us to adhere to them, till the undoubted right to think on all medical topics and freely to express our thoughts in any society and any medical journal devoted to progress, is conceded on all hands.

“It becomes us, however, carefully to guard our own societies, lest the disposition, natural to some orders of mind, to repress new ideas and to place a Chinese wall around

doctrines we may cherish to guard them against all change, be allowed to exercise its baneful influence. Any society, devoted to experimental science, which assumes an orthodoxy and directs its energies to the detection and punishment of heterodoxy among its members, has outlived its usefulness and should speedily pass away.

"Our societies and journals are yet open to the expression of any views, couched in proper terms, from any thinker and any practitioner, be he allopath or homœopath; and when the same freedom and courtesy shall characterize the societies and journals of the old school, it will do to talk about the dropping of all distinctive titles and all appearances of a separate school.

"The 'trades union' and 'boycotting' methods of our old school friends are not entirely consistent with the claim of being 'non-sectarian' and 'regular'."

The above remarks of Doctor Dake appeal to the good sense of all. The history of the past year has shown plainly that it is not solicitude for the "dear people," nor a desire to elevate the standard of medical education, that actuate our self-styled *regular* friends in their efforts to secure legislation for the purpose of regulating the practice of medicine in the various states throughout the Union. The fact that when homœopaths or eclectics have asked for representation on the proposed medical boards, they have either been refused altogether, or offered so little that it amounted to *nothing*, and that when a separate board has been asked for they were up in arms at once, preferring rather to have nothing themselves, than that others should have equal representation with them, prove beyond a doubt their selfish aims, and should remove all sympathy with them in their moves in this direction. It is not difficult to understand their real object. It is simply to get control of all who essay the practice of the healing art; to place in the hands of the American Medical Association the power to dictate to physicians what they shall *not* believe and practice, if not what they *shall* believe and practice, between which there is little difference. The same inquisitorial authority that expelled the fathers of homœopathy from their medical societies, and attempted to suppress free medical thought and opinion in

them, is desired to be extended so as to shut out any and all who choose to differ from the methods of the American Medical Association, or refuse to subscribe to its cast-iron, illiberal, and unjust code of ethics. In short, so as to repress all freedom of thought, and limit the growth and progress of medical science.

It is a common remark among the leading and progressive men of the old school, that if Hahnemann had done nothing more than break up the crusted-with-age doctrines and practices of traditional medicine, it were enough to merit the gratitude of the present and succeeding generations. This is truth, but not the *whole* truth. Homœopathy has not only broken up the fossilized ideas and methods of the old school, but it has also discovered and enunciated a therapeutic law which lifts medicine out of the mire of uncertainty and places it among the fixed sciences.

Do our allopathic brethren imagine that the vast number of practitioners who have learned and experienced "the better way" in the practice of medicine, are going to surrender that without which they could not conscientiously continue their profession? They know that not to practice homœopathy would be to withhold from their patients most if not all the benefit they might derive from taking medicine—would any honest homœopath consent to do this? .

That is, however, what the laws of old school societies demand. They prohibit under penalty of expulsion, a belief in, or the practice of, homœopathy, and the early homœopaths suffered this penalty, to say nothing of the other persecutions and ostracism they suffered at the hands of their illiberal, dogmatic and antiquated brethren. Homœopaths have distanced all competitors in the domain of therapeutics, while they are not one whit behind to-day in surgery and the other departments of medicine; and our allopathic friends, conscious of being away in the rear, desire to catch up. They think to accomplish this by establishing "medical boards" by which they can limit the progress of all others—in other words they are trying to lasso those in advance of them.

We hardly think, however, that homœopaths and their friends will be caught napping. Personally we would gladly

see all sects and divisions in the medical profession done away with; on the other hand we are quite as firmly opposed to relinquishing the therapeutic opinions, which we adopted as student, and have confirmed by experience. We prefer "sectarianism" to stultification. As Doctor Dake says, when the freedom of belief and expression, and the courtesy which exists in our own societies and journals, shall characterize those of the Old School, it will be time enough to talk of dropping distinctive titles.

His words of caution to our own societies are well-timed and worthy of attention, also. We should carefully guard against becoming Pharisaical ourselves. While protesting against the intolerant and dogmatic spirit of our Old School friends, let us see to it that nothing of that sort creeps into our own camp. Freedom of opinion and speech has been the watchword of progress through all ages, and is no less so to-day. It is no less true in medicine than elsewhere, and on this account, if no other, it is our duty to resist every effort on the part of anyone to curtail free thought, investigation, and practice in the medical profession. Let us insist only that a person shall possess certain medical knowledge, such as is necessary for the intelligent practice of our art; but let no attempt be made to dictate as to how men shall think, what opinions they shall hold, or what methods they shall practice.

All who have the good of the people really at heart, would hail with pleasure, any measure that would protect them from ignorant and unscrupulous persons claiming to be physicians, and thus playing upon the credulity of the public. But, as we have many times urged, the best if not the only just and feasible way is to legislate the medical colleges. In other words, permit no college to graduate a person until after a certain requisite course of study; either two, three, or four years, as the social conditions in any state seem to demand. In some of the older sections of the country, where the supply of physicians is actually greater than the demand, the requirements may be placed high; in other parts where the opposite conditions pertain, owing to natural disadvantages and those incident to a new country, requirements may be made less exacting, just as we find to be the case with

general education under such circumstances. The authorities of each state are best able to judge of the regulations necessary.

In our own state for instance, the people may decide that no one shall be permitted to practice who has not spent *four* years in an accredited medical college, whether in or out of this State. This would be no injustice to anyone. If a person desires to practice in Michigan, all he has to do is to take the prescribed course of study and get the diploma, attesting his acquirements. If he doesn't want to do that for any reason, let him go to some State in which the law is less exacting.

This would insure to Michigan qualified practitioners, far more certainly, than the establishment of a Board of Medical Examiners, which would become in course of time, if not so from the beginning, nothing but a body of political partisans. In the May number of the COUNSELOR we presented some of the objections to a board of this sort, and we believe that such an examining or licensing body is not only useless, but prejudicial to the best interests of the people and the profession, even of the so-called Regular portion, for it is really only the interested, the medical politicians, who are urging this matter upon the attention of the various state legislatures.

Then shut them off, say we! Legislate the medical schools in every state, and make all persons coming from outside subscribe to the standard of qualifications required by the individual state. Every man then, who has acquired sufficient medical knowledge to practice medicine intelligently, can do so regardless of any peculiar opinions he may entertain, and the people may enjoy the privilege, also, of employing the man whose belief and methods please them most.

"THE DESCENDANTS OF PALÆOLITHIC MAN IN AMERICA" is the subject of an article, by Dr. Charles C. Abbott, which will open the December *Popular Science Monthly*. It describes the surroundings and occupations of the men who made the rough pottery and the implements of slaty rock which Dr. Abbott has found so abundantly in the Delaware valley.

BOOK REVIEWS.

ATLAS OF VENEREAL AND SKIN DISEASES. Comprising original illustrations and selections from the Plates of Prof. M. Kaposi, of Vienna; Mr. J. Hutchinson, of London; Prof. J. Neumann, of Vienna; Prof. A. Fournier and Hardy; and Drs. Ricord, Cullerier, and Vidal, of Paris; Profs. Leloir, of Lille; Dr. Unna, of Hamburg; Dr. Silva Arango, of Rio Janeiro; Dr. P. A. Morrow, of New York; Dr. E. L. Keyes, of New York; Dr. A. R. Robinson, of New York; Dr. J. Nevins Hyde, of Chicago; Dr. Henry G. Piffard, of New York, and others. With original text, by Prince A. Morrow, A. M., M. D., Clinical Professor of Venereal diseases, formerly Clinical Lecturer on Dermatology, in the University of the City of New York, Surgeon to Charity Hospital, etc. New York; William Wood & Co., 1889.

This great work is at last complete, and both the editor and the publishers are to be congratulated upon having carried to a successful end, one of the most valuable works that has been given to the medical profession in many years.

We have so often dwelt upon the advantages accruing to the possessor of such an assistant as this in the study and treatment of skin diseases, that we need not again allude to them. We have only to add that, although from the reputation of all connected with the work, we have never entertained the slightest doubt that it would be all that was promised, it is gratifying, now that the last fasciculus is in hand, to be able to emphasize all that we have said about it at various times during the past year or more, since the first one appeared.

Fasciculus XIV, contains five plates comprising the various forms of lupus, sarcoma, epithelioma, and leprosy. Fasciculus XV, the last of the series, contains the same number of plates, covering scabies, pediculosis corporis, chromophytosis, trycophytosis and favus, eczema marginatum, etc. As would be expected, it also contains a complete index to the whole set, making it easy of reference.

The work was projected in 1883, and the patience, perseverance and skill necessary upon the part of its projectors to bring it to a successful issue, can hardly be understood or appreciated.

We have not learned whether it has been, or is likely to be, a financial success, but we trust that it is so, and that its enterprising publishers, on whom the loss if any would fall, will reap an abundant reward. At the very moderate price

(\$2 per part) it should meet with a ready and wide sale, for although this is doubtless the only reason that will prevent anyone from possessing a copy, poor indeed must be the practitioner who cannot secure one.

TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMOEOPATHY. Forty-sixth Anniversary, held at Minnetonka Beach, Minnesota. June 24, 25, 26, 27 and 28, 1889. Edited by the General Secretary, Pemberton Dudley, M. D. Philadelphia: Sherman and Co., printers, 7th and Cherry Sts., 1889.

The Institute Report is always looked for with interest by all. Those who have read, or listened to, papers at the meeting, are anxious to see them in print for obvious reasons, and those who have been privileged to attend and share in its pleasures and profit, are desirous of knowing what was done, and how much they have missed.

There is always much of value in the published proceedings, and this is no exception, unless it be in containing papers and discussions of more than usual interest. The large addition to the membership (125) is an encouraging part of the report.

The secretary has performed his duty well. The report is bound in the usual style, and makes a book that anyone may be proud to have upon their shelves.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Volume IV. Number one (October). Published monthly. Price, \$10.00 a year. Single copies, \$1.00. New York: William Wood & Company, 56 and 58 Lafayette Place.

The contents of this number are of more than usual interest. The first part, "The Influence of the Male upon the Female Organism," by John Brown, M. D., discusses a much talked of but still rather obscure topic, in a masterly manner. The second, "The Internal and External Temperature of the Human Body as Modified by Muscle-Kneading," by A. Symons Eccles, M. B., presents the results of some very valuable experiments, accompanied by "sphygmographic and sphygmomanometric records."

The third, "Diseases of the Breast," by Thomas Bryant, F. R. C. S., is an exhaustive but eminently practical treatise upon this subject, and contains thirteen engravings and four chromo-lithographs, illustrative of the numerous clinical

cases, and pathological appearances, noted by the author. It alone is worth several times the price of the book.

Altogether it comprises a book of three hundred and twenty-two pages.

WHEN one is tired of work, what is more refreshing and at the same time useful, than telling or listening to a story. Everybody likes it. This is what the *Magazine of American History* is doing every month—telling us stories about our forefathers and their doings, that have resulted in producing this great nation. The November number tells of "A Chapter in the History of Utah," of the "First Iron Works in America," of the "Rise of the Great Masonic Library in Iowa," and a host of other things that everyone should know. \$5.00 a year. 743 Broadway, New York City.

LIPPINCOTT'S for November is an excellent number. "A Belated Revenge," is the title of the complete story, by Robert Montgomery Bird, and an unusually good series of articles follows. W. C. Conant has something good to say upon "The Question of Pure Water for Cities," and Dr. R. McAnally discusses the question "Does College Training Pay." The interesting story of "What it Costs to Issue Big Newspapers," is told by Melville Phillips; "With the Wits" (Burdette, Knox, Snyder, Siviter, and others), makes eight pages of the best medicine for a sick man that we've seen for some time.

FROM a story by Mark Twain under the above title in the November *Century* we quote the following: "There wasn't even a bell or a speaking tube in the castle. I had a great many servants, and those that were on duty lolled in the ante-rooms; and when I wanted one of them I had to go and call for him. There was no gas, there were no candles; a bronze dish half full of boarding-house butter with a blazing rag floating in it was the thing that produced what was regarded as light. A lot of these hung along the walls and modified the dark—just toned it down enough to make it dismal. If you went out at night, your servants carried torches. There were no books, pens, paper, or ink, and no

glass in the openings they believed to be windows. It is a little thing, glass is, until it is absent; then it becomes a big thing. But perhaps the worst of all was, that there wasn't any sugar, coffee, tea or tobacco. I saw that I was just another Robinson Crusoe cast away on an uninhabited island, with no society but some more or less tame animals, and if I wanted to make life bearable I must do as he did, invent, contrive, create; reorganize things, set brain and hand to work, and keep them busy. Well, that was in my line."

THE FORUM is one of the most popular of the great magazines published in this country. It should be. Look at the titles of the articles in the November number: "American Rights in Behring Sea," by President Jas. B. Angell, of the U. of M.; "Public Opinion and the Civil Service," by E. L. Godkin; "Modern Claims upon the Pulpit," by Archdeacon Farrar; "The Owners of the United States," by T. G. Shearman; "The Municipal Control of Gas Works;" "The Cost of Universities;" "Requirements of National Defense;" "Types of American Women;" etc. No one can read such an array of practical discussions of these important topics, without being wiser and better for it. The Forum Publishing Co., New York. \$5.00 a year.

VARIOUS TOPICS.

EFFECT OF COCA ON THE VOICE.—The Paris correspondent of *The Therapeutic Gazette* writes:

A singular statement respecting the effects of coca on the voice has been made by Dr. Sandras before the Society of Practical Medicine. He says all coca preparations and cocaine, used either through atomizers, or in infusions and inhalations, have a disastrous action on the voice of singers. It is a great mistake, he thinks, to go on repeating that coca sharpens and strengthens the vocal cords, since, on the contrary, it will slacken and deaden them through the paralysis of the extensor muscles, as many singers have found out to their cost. And, to better illustrate the truth of his averment, Dr. Sandras stopped speaking for a moment, and before the meeting drank a tablespoonful of coca wine, swallowing it slowly and by small portions. Now, speaking again, his voice sounded much altered for the worse. The words were husky, low and scarcely audible. The aphony thus produced, however, is

painless to the speaker, if it is not to the listeners. It is also difficult to cure speedily, although chloroform inhalations appear to act as an antidote. If, after chloroform, tincture of benzoin and Norwegian tar, dissolved in turpentine, are used in inhalations, the patient's voice will be greatly improved, and to such an extent as to exceed in pitch and volume what it was before. The statement, it must be confessed, is a strange one; but if it is inaccurate it can easily be disproved with very simple experiments.

EQUISETUM HYEMALE; CONFIRMED SYMPTOMS.—From Dr. J. A. Freer, Washington, D. C.: The reading of Dr. Smith's article on the above drug brought to my mind a case in which I employed it recently, and where I obtained a result confirmatory of a portion of the proving given.

The patient was an elderly gentleman of a somewhat plethoric habit, whom I found complaining of a general aching through the region of the hips, and of a pain and soreness extending through the length of his left ureter, accompanied with frequent and painful urination. He was apprehensive of vesical calculus, having previously suffered from a similar attack.

Sounding the bladder was suggested, with the hope thereby of relieving his mind of this unpleasant apprehension, but the operation was delayed for a day and *equisetum 3d* administered, with the view of relieving some of the vesical irritation.

The following day I visited him, equipped for sounding his bladder, but found him so much relieved that he did not care to have it done, and a few doses more of *equisetum r* restored him to his usual health. The urine in this case was cloudy, and contained an excess of the earthy phosphates.

I afterward used *equisetum* in another similar case, with results no less gratifying.

REFLEX DISTURBANCES FROM A WISDOM TOOTH.—How small an irritation may give rise to the most painful and most widely distributed of reflex neuroses is well illustrated by a case cited in the *Deutsche Medizinal Zeitung*, from the practice of a dentist, Dr. Hermann, of Halle. A man of forty-seven had suffered for twenty years with an intense pain which began in the frontal region, but afterward involved the whole right side of the face and neck, and ultimately resulted in periodical mental excitement, accompanied by delusions. A score of doctors and the most varied remedial measures had been ineffectual in affording him relief. Finally he sought admission to an asylum, where the physicians hit upon a misplaced wisdom tooth as the probable cause of the morbid manifestations, and called in a dentist to extract it. In addition to malposition, its roots had large exostoses, as was seen upon its successful removal

under chloroform narcosis. The wound healed under antiseptic precautions in two weeks, and the reflex disturbances, neurotic and psychic, gradually disappeared altogether. They have not returned in the year now elapsed since the dental operation. This cure of a psychosis by extracting a tooth is in curious contrast with the not infrequent cases of insanity set down in many of our asylum reports as due to the extraction of teeth.

THE PEANUT IN THERAPEUTICS.—The peanut, beloved of the gods—of the gallery, may possibly vindicate its claims to popularity, as it is recommended as a remedy for insomnia. It is said to be quite efficacious when taken *ad lib.*, freshly roasted before retiring. It is true the recommendation is made by a clergyman, but as it is not a new tonic made from bad whiskey, an opium cure containing morphine, or any of the other blessings to humanity usually floated on clergymen's endorsements, we need not condemn the peanut without a trial. It is certain that the free use of this nut sometimes produces vertigo and slight mental exhilaration.—*Philadelphia Medical Times*.

MEDICAL APHORISMS.—A correspondent, signing himself "Artz," sends to the *Canada Lancet* the following professional aphorisms of Amédée Latour:

(1) Life is short, patients fastidious, and the brethren deceptive. (2) Practice is a field of which tact is the manure. (3) Patients are comparable to flannel—neither can be quitted without danger. (4) The physician who absents himself runs the same risk as the lover who leaves his mistress—he is pretty sure to find himself supplanted. (5) Would you rid yourself of a tiresome patient, present your bill. (6) The patient who pays for his attention is but exacting; he who does not is a despot. (7) The physician who depends on the gratitude of his patient for his fee is like the traveler who waited on the bank of a river until it finished flowing, so that he might cross to the other side. (8) Modesty, simplicity, truthfulness!—cleansing virtues, everywhere but at the bedside; there simplicity is construed as *hesitation*, modestly as *want of confidence*, truth as *impoliteness*. (9) To keep within the limits of dignified assurance without falling into the ridiculous vauntings of the boaster constitutes the supreme talent of the physician. (10) Remember always to appear to be doing something—above all, when you are doing nothing. (11) With equal, and even inferior talent, the cleanly and genteelly dressed physician has a great advantage over the untidy one.

OPERATIVE TREATMENT FOR PROSTATIC HYPERTROPHY.—Prof. Küm-mel, of Hamburg, in a paper lately read before the Congress of the German Society of Surgery (*Medical News*), stated that he had per-

formed on six patients a partial extirpation of the hypertrophied prostate gland. His cases were very grave, as they had resisted all other methods of treatment. There was fever, bronchitis, and considerable vesicular dilatation. In such cases the operation is indicated, while it is the contrary when the kidneys are seriously involved, or when there is a complete paralysis of the bladder. In this last case the operation is useless, for even after the suppression of the obstacle, spontaneous micturition cannot be re-established. To extirpate the prostate gland he performs superior cystotomy; the bladder is very carefully washed out, and he then destroys, by the aid of the thermo-cautery, not only the median lobe, but also all the parts of the gland which project into the bladder. He then sutures the bladder, and allows Nélaton's sound to remain in it. Out of six patients, one died from collapse, in another the operative result was negative, four are cured and can urinate spontaneously. In the discussion that followed, Prof. Socin, of Bâle, said he believed the enlarged prostate was not so often accountable for the evil symptoms observed, as is the cystitis, which is so frequent a concomitant. He thought that the good results which sometimes follow extirpation of the prostate gland, are due, probably, more to the washing out of the bladder and to the sound left in position—that is, to the treatment of the cystitis—than to the operation itself. The cystitis is the first enemy to combat in the treatment of prostatic enlargement.—*Canada Lancet.*

USE OF INDIAN HEMP IN CHRONIC CHLORAL AND CHRONIC OPIUM POISONING—The patient was a strong, healthy man who had taken forty grains of chloral daily for a considerable period. He suffered from terrible depression and insomnia; without chloral no sleep was obtained, and even then but little; he took scarcely any food. He placed himself under complete surveillance and restraint; the chloral was peremptorily stopped, and a pill containing half a grain of extract of *cannabis Indica* with a few grains of compound colocyntn pill was taken three times a day. The result was immediate improvement; the craving for chloral had almost vanished in twenty-four hours; natural sleep returned after a few days, and he began to enjoy his food. A second case was that of a man who had conquered the habit of excessive spirit drinking by the frightful assistance of opium. For several months he had taken not less than two ounces of laudanum daily. *Cannabis Indica* was prescribed, beginning with a quarter of a grain of the extract and increasing gradually to a half, one grain, and one and a half grains, three times a day, with the happiest result. Ability to take food and retain it soon returned, and after a time an appetite appeared; he began to sleep well; his pulse, which could not be counted at first, exhibited some volume; flesh rapidly accumulated, and after

three weeks he was able to take a turn upon the veranda with the aid of a stick. After six weeks he returned to his post. The name of the drug was withheld from the patients, as they were treated in India, where it may be obtained with facility in any bazaar.—*Lancet*.

A WARNING TO ANÆSTHETISTS.—Respecting the announcement that the anæsthetist in a fatal case of chloroform narcosis, at Sidney, had been found guilty and sentenced to pay two hundred pounds damages, on the ground that the anæsthetic had been improperly administered, the *London Medical Press and Circular* remarks that it comes with rather a startling effect. While no conscientious man, be he lay or medical, will dispute the justice of such a verdict when negligence is clearly proved, difficulties arise when such matters are adjudicated upon by a jury of persons who, whatever their intelligence, are profoundly ignorant of what constitutes negligence in this respect. It would be but a step further for juries to enforce an opinion which has been gaining ground as to the inadvisability of giving chloroform at all unless specially indicated. Still, this is a matter well within the discretion of the medical man, and it would be impolitic, as well as unjust, to fetter the exercise of that discretion by a fear of legal consequences. Short of negligence amounting to a criminal act, we cannot conceive of such a verdict in this country, and we sincerely hope that the example will not be the means of imposing an additional horror to the life of medical men, who have quite enough to attend to in guarding themselves against vexatious actions for having signed lunacy certificates, and in avoiding the wiles of designing women with an eye to blackmail.—*Medical Times*.

AN "INFALLIBLE ANTIDOTE" FOR MALARIOUS FEVERS.—Dr. Charles G. R. Naylor, Civil Surgeon, of Burmah, India, addresses a report to the Deputy Surgeon-General of British Burmah in which he asserts that carbonic acid gas is an infallible antidote to malarious fevers of all types and durations. Dr. Naylor's report is republished in Edinburgh: It was first made eight years ago, but is now put forth again in an enlarged form and with the emphasis and confidence drawn from a fuller experience.

Dr. Naylor does not claim originality for his treatment. It was devised or discovered by Dr. John Parkin, of London, who tested its value while visiting the malarious districts of Italy, Spain, and West Africa.

The *rationale* of the gas treatment is expounded by Drs. Parkin and Naylor, but it is far from being satisfactory or scientific and it need not occupy our space.

The gas is administered in solution and is got in its cheapest

form by dissolving bicarbonate of soda, gr. xxx, in three ounces of cold water, and throwing into the solution tartaric acid, gr. xx, in a powdered state, the mixture to be stirred rapidly once, and swallowed as soon as possible in a state of effervescence. The patient must be made to lie down immediately after, to prevent eructation and escape of the gas, so apt to occur in a sitting posture.

The doses of soda and acid must be decreased to suit the different ages of children, as gr. xxx of bicarbonate of soda are not soluble in the small quantity of water suitable for administration in one dose to very young children.

Sometimes the soda is given first and followed by the acid.

The remedy is best administered just before the paroxysm is expected, or in the remission if the case be one of remittent fever. Dr. Naylor cites a long list of cases cured by the gas.—*The Medical Record.*

MEMORANDA.

Several Yale students are down with typhoid fever.

There is an epidemic of typhoid fever at Aurora, W. Va.

There are a few sporadic cases of yellow fever at Key West, Fla.

The Legislature of Georgia is struggling with a bill to establish a State Board of Health. It is not likely to pass.

The semi-annual meeting of the Massachusetts Homœopathic Medical Society was held in Steinert Hall, Boston, Oct. 9th.

Dr. Carl Koeler, the discoverer of cocaine anæsthesia, has been made instructor in Ophthalmology at the New York Polyclinic.

The Beaumont Medical College, of St. Louis, was burned to the ground recently. Lectures will be continued in another building.

A case of hydrophobia is reported to have occurred at Astoria, L. I. A saloon keeper is the victim. Most saloon keepers have hydrophobia.

Philippe Ricord, the most famous of French surgeons died at Paris, Oct. 23rd. Dr. Ricord was an American by birth but went to France in 1820.

The Ducal Government of Brunswick, Germany, has recognized by law the Homœopathic Pharmacopœa as official. This has al-

ready been done, also, by the Royal Government of Würtemberg, Germany.

The University of Pennsylvania contemplates the admission of women to all departments. Co-education must soon be in vogue in all medical schools.

A new medical college has been organized at Wichita, Kan. It has a corps of eighteen professors and requires attendance on three full courses of lectures.

A case of Cæsarian section, in which both mother and child were saved, was recently performed by Dr. Horace Packard, at the Massachusetts Homœopathic Hospital.

The report of the State Board of Health for October shows that scarlet fever, puerperal fever, influenza, pneumonia, diphtheria pleuritic and typhoid fever have increased.

The Chicago Medical Library Association, incorporated in September for the purpose of securing and maintaining a library for the advancement of the medical and kindred sciences, held its first regular meeting on Oct. 4th.

The Secretary of the Minnesota State Homœopathic Society exhibits characteristic Western energy in sending out early the announcement for the next meeting, May 20-22, 1890. The Bureaux are completely and ably filled.

Dr. Baker, Secretary of the State Board of Health, attributes sleeplessness, nervous disturbance and general discomfort, as well as aggravations of tonsilitis and pleuritis to the irritating smoke which results from setting fire to rubbish. He suggests that if it *must* be done to do the burning in the morning.

A CORRECTION—The following note which we are glad to receive from Dr. Hughes, explains itself:

BRIGHTON, Oct. 19, 1889.

DEAR DR. McLACHLAN:

I have just been reading the COUNSELOR for September. Will you please—for the sake of safety as well as accuracy—state in your next number that all the "Xs" in "A Chapter on Nervous Diseases" should be omitted. Dr. Lousset is throughout speaking of centesimal attenuations; and Dr. Lillenthal has been misled by his "3e," which stands for "troisieme" simply.

I hope you have gotten back safe and well,

Yours very truly,

RICHARD HUGHES.

PERSONALS.

Lucy J. Pike, M. D., has removed from Detroit to Roxbury, Mass. Our friend, Dr. C. E. Fisher, has located in Chicago. He has rooms in Central Music Hall with Dr. E. H. Pratt.

Dr. J. M. Griffin is now located at 167 East Congress Street, Detroit. The Doctor is making a specialty of electrolysis.

Mrs. Dr. Lee, of Rochester, N. Y., sails for Europe the 14th. She will devote her time to study for a period of five months.

Dr. Morris, U. of M., '86, made us a pleasant call recently. He brought a patient to the eye clinic, and reports "practice" good.

Dr. A. B. Norton, of New York City, has retired from general practice, and will hereafter give his attention exclusively to diseases of the eye and ear.

Dr. R. H. Stevens, U. of M., '89, made a flying visit to his alma mater on November 7th. He has recently passed the final examinations before the Ontario Medical Council, and expects to locate in British Columbia.

We mentioned in a previous number that Dr. J. B. Vance, U. of M. '89, had located in Springfield, Ill. It seems we were misinformed in regard to the matter. Instead, Dr. Vance has settled at Petersburg, twenty-five miles north of Springfield. He is the only Homœopath within a circle of eighteen miles and reports business thriving. Our good wishes still continue, Doctor!

We are pained to note the death in the 50th year of his age, of Dr. M. M. Eaton, of Cincinnati, Ohio. He had suffered for a time and finally died October 21, from the effects of ulceration of the stomach. Dr. Eaton was a man of sterling character, and was held in high esteem by his friends. The following resolutions of respect were passed by the Faculty of Pulte Medical College:

"WHEREAS, In the progress of human events our friend and co-laborer, Dr. M. M. Eaton, has been called upon to pay the last great debt we owe to nature.

"Resolved, That in his demise the profession has lost a faithful and painstaking member and the community a skillful and devoted benefactor.

"Resolved, That whilst we regret his death in the years of fullest manhood, when a life's work should yield its fullest fruition, we bow to the inevitable, and recognize the workings of the inscrutable.

"Resolved, That in this hour of their affliction, the family of our friend be tendered our sympathy, and that these resolutions be printed as a tribute to his memory, and sent to the profession through the medium of the journalistic press."

CINCINNATI, O., October 26, 1890.

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ARTICLES IN MEDICINE.

NOTES ON A TYPHOID EPIDEMIC.

BY DOUGLASS CALKINS, M. D., KNOXVILLE, TENN.

In the winter of 1887-88, an epidemic of typhoid fever broke out among the students of the Knoxville College, a colored institution under the auspices of the Presbyterian church. The college is situated in the suburbs of Knoxville, Tenn., upon a high hill, from the summit of which, in all directions, there is a more or less rapid descent. Better natural drainage could not be conceived; the sanitary conditions were excellent; and a more unlikely spot for the outbreak of a typhoid epidemic, could hardly be imagined.

Yet in this, apparently highly-favored institution I witnessed, for three months, the ravages of an epidemic which numbered twenty-four cases, four of which resulted fatally. I noted, from time to time, such features of the epidemic as seemed of special interest, and present them, in this paper for your consideration. After thorough investigation, I attributed the disease to one of two possible causes.

There had been, in the fall of '86, a case of typhoid in the college, which I, myself, attended. It had run a course of three or four weeks and resulted favorably. Every possible precaution had been taken, by my direction, to prevent the future development, from this, of other cases. All excretions were disinfected and buried; and such measures taken, of a

general sanitary nature, as seemed called for. Again, in the fall of '87, two or three months before the appearance of the epidemic, one of the cisterns, from which the college drew its water supply, became exhausted. There had been a protracted drought, the cisterns were all low, and this cistern, therefore, was replenished with water obtained from a creek, a mile or two distant. Subsequent inquiry revealed the fact that this creek flowed through a cattle yard which was located three miles above the point at which the water had been procured. Whether the epidemic resulted from the typhoid case of the previous year, or whether it may have had its source, as suggested, in the water supply, I leave you to judge. I had attended before, and I have attended since, cases of typhoid among the "Afro-American," but this is the only opportunity I have had of observing its effect upon a large number of this race. I am free to say, that, so far as the physical aspect of the disease is concerned I am unable to detect any difference between the African and the Caucasian. There is the same average degree of lung and bronchial involvement, the same gastric and intestinal disturbance, the same nerve disorder. But in the *moral* effect of the disease upon the two races, there is a vast difference. I am confident that in two of the four cases which died in this epidemic, death occurred from fright. One of these cases, a young man twenty-four years of age, told me on the occasion of my first visit, that not one of his family who had ever been seized with any kind of fever, had recovered. I did my best to dispossess his mind of this fatalistic idea, but after a three weeks uneventful illness, the temperature, at no time, rising above 103° F., he quietly followed the example of his ancestors. There was no unfavorable complication, and I should, ordinarily, have confidently anticipated his recovery; but I recognized from the first, a factor in the disease beyond the reach of remedy or of skill. The other case was that of a coal black negro of the large "buck" type. He manifested the liveliest terror when informed of the nature of his illness, and on my assuring him, each day, that his case was progressing favorably, he would reply that he believed I was concealing from him his true condition, and that there was no hope of hi

recovery. His terror grew with each succeeding day, until he became absolutely frightful with his rolling eyes and chattering teeth. On the 13th day he died,—absolutely of fright,—there being no complication which would warrant an unfavorable prognosis.

It is interesting to note, that, while the sexes were equally represented in this epidemic there being twelve of each down with the fever, there was not a single death among the girls. That is to say, while among the males attacked by the fever, there was a resulting mortality of $33\frac{1}{2}$ per cent., among an equal number of females there was a mortality of 0 per cent. This was not due to any advantage in location or nursing; neither can it be explained by any distinction in severity, some of the most severe cases being among the girls. Indeed, the temperature ranged higher as a rule, among them than among the males, in one or two instances reaching 105° F. It is my belief that the results, as to sexes, were due largely to finer moral training among the girls. They were, generally, more composed and cheerful, looking hopefully forward to a favorable issue of their illness, and doing all they could to hasten this result. Indeed, I may say, that the courage displayed by these colored girls in this trying ordeal was worthy of all praise, and was in marked contrast to the terror of the colored men.

I regret that I did not preserve temperature records, some of them being exceedingly interesting. The typical typhoid curve was the exception, most of the cases presenting a more or less erratic curve. I remember, particularly, the case of one female, whose temperature, when tested on my first visit, was 105° F. On each succeeding visit for the first week, my thermometer registered, approximately, the same figure. It then began rapidly falling, and at the end of the second week showed only a slight elevation of temperature. This case was convalescent by the end of the third week.

The only invariable symptoms which I found in this epidemic were splenic enlargement, and gurgling in the ileo-cæcal region. The race-colored eruption *may* have been there—I did not see it.

Among the twenty-four cases, there was but one with marked instance of typhoid mania. This man, a large negro weigh-

ing over two hundred pounds, was, for three days, a raving maniac. He fought ferociously, and, although weakened by three weeks of fever, he gave three men all they wanted to do. He refused all nourishment, and during this period not a drop of liquid nor a morsel of food passed his lips. He conceived a violent antipathy toward myself. When I entered the room, he glared at me with a demoniacal grin and his attendants, with difficulty, prevented his making an assault upon me. The mania subsided as suddenly as it appeared, and he was himself again, gentle and tractable.

Forty-eight hours after regaining his reason, he died of asthenia. In only two or three cases was the diarrhoea difficult to control. There was not a single case of hemorrhage, and not a single relapse. Two of the deaths resulted from asthenia,—the other two, as I believe, from fright.

The remedies used most frequently in the epidemic were bryonia, rhus and arsenicum. Others were resorted to as occasion required, but these were my main reliance. I believe bryonia to be a most valuable remedy given in the first week or ten days of this disease. I am confident that it frequently prevented grave complications in the respiratory and digestive tracts, and that it had a most happy result upon the high temperature. I used cold water freely in all cases where the temperature rose above 103° F. My favorite mode of application was the sponge bath, but I did not hesitate to resort to the cold compress over the abdomen in cases when the bath was not sufficient. I saw no bad effects following either practice, and, on the other hand, can not praise too highly its beneficent action upon the general condition of the patient. The fever was reduced; the nerves were soothed; and, where sleep had been summoned in vain, the cold bath often produced a sleep, at once refreshing and restorative.

These, dear readers, are a few of the comments made, at this time, for my own use and satisfaction. I give them to you for what they are worth. The epidemic was characterized, from the first, by a most comprehensive violence, and I am confident had not the authorities wisely disbanded the school, that a large majority of the two hundred students in attendance would have been attacked by the disease.

CASE OF FACIAL SKIN DISEASE CURED.

BY J. COMPTON BURNETT, M. D., LONDON, ENG.

A north-country squire brought his bright little daughter to me at the end of May, 1888, for an eruption on her skin of a very filthy aspect, and which extended from the chin to the cheeks. The friends did not think homœopathy equal to the occasion, and were much dissatisfied that I am no believer in the ointment pot. The discharge was yellowish, drying into thick scabs which, in places, would run into one another forming big crusts. The young lady was about nine or ten years of age, and the eruption had persisted for some months. The only thing of note in the child's health history lay in the fact that she had been twice vaccinated, and the second time just about six months ago. Well, of course, vaccinosiis is but a *Hirngespinnat*, otherwise I might have thought that very interesting mode of producing "a condition of health insusceptible of the variolous infection," sometimes called vaccination, were of causal interest. So vaccinosiis was not to be thought of for a moment. Still, just out of spite, I ordered *Thuja occidentalis*. The thirtieth dilution is one that I have tried with powerful effect many scores of times, but the thirties do not contain any of the original drug, so how can one fairly prescribe a thirty? Clearly not to be thought of by any one. Still, again, just out of spite, I ordered *Thuja 30* in very infrequent doses; in fact, one dose in eight days. This was done to fill up the measure of my own spitefulness, for since I was prescribing for a myth (vaccinosiis,) an impossible quantity of nothing, it did just seem meet that the measure of *bêtises* should be brimful.

Now for the notes from my case-book hereant:—

"June 29th. She finished the *Thuja 30* some days ago; the taking of the medicine was followed by a good deal of vaginal moisture; the facial eruption became much worse (dreadful to look at,) but now nearly half of it has fallen off in big dry scabs. The right tonsil is enormous."

Of course we know full well that big tonsils cannot be influenced by medicines; the only thing that is of any avail is to cut them off. The operation with the guillotine is very effective, particularly to the onlooker.

Still, with unaccountable perverseness, I ordered the thirtieth of baryta carb., and later on two more doses of thuja were given; and in August, 1888—just about three months after the commencement of my playful therapeutics—Violet was well, not only of the eruption in her nice little face, but the big tonsil had shrunk to the normal size, and, moreover, the previously feelable cervical glands could no longer be felt.

On the whole, it is rather fun to treat a dirty skin disease on a baseless theory, and see it depart with globules of nothing. And the best of it is that Violet is well herself—well in herself, well of herself, and has ailed nothing since; and Violet's father told me a few weeks since that the *locus in quo* tells no tale of redness or other change in the skin; but, on the contrary, the skin of the chin is like that of the other parts, soft and velvety as girls' skin should be.—*Homœopathic World.*

STAMMERING, A SYMPTOM OF POST-NASAL NEOPLASM.

By ROBERT T. COOPER, A. M., M. D., T. C. D.

Physician Diseases of the Ear, London Homœopathic Hospital.

The last number, September 28, of the *British Medical Journal* is, to use a favorite expression of modern lady novelists, a *delicious* bit of reading. We used to be told that those who practiced aural medicine were quacks, the nature of their work was derogatory to a high-minded and intellectual profession like that of medicine. The human mind might expend its energies upon any part of the body, the ear even not being excepted, provided only *special* attention was not devoted to any single organ, but more particularly to the one which required it most of all—the ear. Now, however, it is an evident case of *changer d'idée*, for we find the "original communications" of an entire number of this all-powerful journal devoted to eye and ear questions.

First we have six pages taken up with very learned disquisitions as to the necessity for removing bony growths of the auditory meatus, so as, in common parlance, "to let in the sound by the ear 'ole," and such a revelation has this proved to our august profession that we find two sturdy knights of the lance, or rather of the drill, engaging in

wordy warfare as to whom the august profession is in duty bound to assign the merit of priority. The one, a certain *Sir*, claimed to have performed the operation as far back as 1875, the other, a modest *Mister*, to have begun it in 1878, until at last, at the suggestion of a Mr. U. P., the matter was allowed to drop.

The next three pages are taken up with two articles, the first from Dr. Guye, the Professor of Otology at Amsterdam, on inability to fix the attention, caused by nasal disorders and which he terms "aproxexia," from the Greek *προσέχειν* (*τὸν νοῦν*), and the second which succeeds it is a corroborative article "On Some Causes of Backwardness and Stupidity in Children," by Mr. William Hill, of St. Mary's Hospital; while the universal alterer of instruments, Dr. Ward Cousins, occupies four subsequent pages in upholding the merits of his artificial membrane. Dr. Guye applies the term aproxexia to cases in which students are unable to continue their studies owing to an inability to learn, habitual headache and loss of memory, and Mr. Hill gives anatomical reasons for this condition by showing that "it is well known that he intercranial veins and sinuses communicate with the veins of the frontal, ethmoidal and sphenoidal air sinuses, and through these with those of the nose and naso-pharynx, and with the pterygoid plexus, and Axel, Kay and Retzius have proved that the intracranial lymphatics pass out of the skull along the course of the nerve sheaths; further, those lymphatics which pass out through the cribriform plate of the ethmoid along with the olfactory nerves, are in direct connection with the nasal and naso-pharyngeal lymphatics which converge to and eventually enter the follicular lymphoid glands of the nose, naso-pharynx and fauces."

This is all very important reading; the only wonder is that these learned men never thought of all this before.

Now, at our last Congress at Birmingham, and in the discussion following Dr. Wolston's paper, I stated that I had often noticed loss of memory to accompany nasal disease,* and particularly injury of the nose, so that I think I may claim priority in being the first to notice amnesia as symptomatic of nasal disease. The condition Dr. Guye has

* *Monthly Hom. Review*, vol. 32, p. 751.

described is that accompanying adenoid post-nasal growths, while I had noticed a similar cerebral impairment with injured nose, and Mr. William Hill supplies the correct anatomical interpretation, equally applicable to post-nasal, and to direct nasal obstruction. But what chance is there of my being able to establish a claim to priority; I cannot even have the satisfaction of appearing before a meeting of the British Medical Association and of getting Mr. U. P. to put me *down!* In dignified language "to let the matter drop!"

In September, 1867, and among my first communications to medical literature, was a paper in this *Review* on "Calcarea Phosphorica," specially recommending this drug in enlarged tonsils. It is well after this lapse of time to look back and comment upon this article. My principal case was this: "J. D., aged 5, a thin, delicate looking boy, very tall for his age, for two years suffered from partial deafness, which has much increased since he came to Southampton, two months since. His mother is frightened, fearing he is becoming incurably deaf. At first he would or rather could not allow me, from the excessive pain it occasioned, to examine his throat (he was then suffering from an exacerbation), but it was evident from the external swelling and the history, where the true cause of the dysecoia lay. The tale his mother tells is that he was vaccinated when three years old; that this was succeeded by a plentiful eruption and much constitutional disturbance, which subsided, leaving the tonsils in their present swollen condition. Symptoms are worse after coming in from open air, or in damp weather. He has been under homœopathic treatment but without any decided benefit.

"I began the treatment with calc. phos., which had an immediate beneficial effect; so much so, that in three days he could allow me to examine his throat. Both tonsils were swollen and red, and forming as they did a complete embankment between the mouth and throat, well nigh closed the isthmus facium. In three weeks, hearing was quite restored, and the swelling had so far subsided as to make his mother think any further treatment unnecessary."

The experience of twenty-two subsequent years enables

me to comment with increased interest upon this case. It is in every way a representative one; with my hospital book by my side, I could give numbers of such cases. A principal feature is the accompanying *deafness*. In calc. phos. cases the deafness is a *moderate* deafness, and always improves under this drug. The presence of this deafness points not alone to enlarged tonsils but to adenoid vegetations for which calc. phos. is specific, if ever there was a specific in medicine. Then the tonsils are described as not having gone down altogether. "The swelling had so far subsided as to make his mother think any further treatment unnecessary." This is typical, for calc. phos. will not cause immediate disappearance of the tumefaction of the tonsil, but it will most certainly lessen its size to begin with, and if the child be examined some months after treatment by calc. phos. the tonsils will be found in most cases perfectly normal in size. It has been so with one of my own children, and with many others that I have treated.

But there are other impediments that arise from nasal obstruction, and as we are on the priority tack, we had better be out with one of them at all events. This is *stammering*.

I noticed it first in the case of Walter S., a clerk, aged 16, living at Bow, who came to the London Homœopathic Hospital, November 12, 1887, with enormous tonsils, otorrhœa (double), and for six months moderate deafness (rt., 30 in.; l., 25 in.). The post-nasal region was blocked by adenoid growths; these I scraped with my finger, and at the same time gave calc. phos. 1x, a grain dry on the tongue thrice daily. By December 17, the hearing was normal, the discharge from the ears had ceased, and I now gave him *bryonia alb.* ϕ 4 drops to go over a fortnight, and at the end of this time he came reporting a feeling of general improvement, but of his own accord he remarked that "the powders" (calc. phos.) relieved his tonsils more than anything. For the first time, too, I no longer noticed the stammering, which he had had very painfully. The calc. phos. was again resumed, and he left off treatment perfectly well as far as any unpleasant symptom was concerned, the end of the following February. In January of this year (1889) he

returned as I had requested him, and in every respect the improvement had been maintained. The tonsils were certainly not so small as some of our operators might require, but they no longer blocked the pharynx, and speech and hearing were perfect.

I had intended sending this case to this *Review*, but thought it, standing alone, hardly conclusive.

Last Saturday, September 28, a woman brought her little child to me whose case, I think, establishes the connection of adenoid growths with stammering. This little girl, aged 5, had been treated by me in the early summer for earache with otorrhœa of three months' duration; the ears were very painful to the touch, and "the more painful the ears are the more she stammers." As I found large adenoid growths present, I put her upon calc. phos. 1x, a grain thrice daily, and after a month's treatment her mother ceased bringing her as she seemed quite well. On returning last Saturday her mother told me the child had been quite well up till three weeks ago, when earache and stammering again set in. There has not been any sign of worms, and as the post-nasal region is blocked with adenoid growths, we are, I consider, justified in considering this *la source du mal*, and that it is by acting upon these that calc. phos. removes the impediment in speech. In all probability this child is subjected to insanitary surroundings, which would quite explain the recurrence of the condition.

Before concluding this article, I must refer to another interesting clinical experience, although it is one I have noticed before,* this is the effect of calcarea carbon 200 in certain forms of deafness. The cases are those in which a certain enfeeblement of hearing exists in boys or girls from ten years old to fourteen, at least this is the age at which it is most generally noticed, and if not taken in hand then there does not seem to be much use in treating it. Unlike the cases we have been considering, there are no adenoid growths whatever present, and parents will tell you they thought nothing of it till the children went to school. One such case I open upon while writing. Harry M., æt. 14, has

* *Vide* particularly this *Review*, May, 1880, p. 273, where a case in all respects similar is given, "Deafness and High Dilutions," by writer.

been deaf all his life, no cause is assigned for it, and, of course, orthodox treatment has done nothing for him. He hears at 14 inches on right and 5 inches on *left* side, there is no alteration in the visible structures of ears, nose or throat. On May 4th of this year, I gave calc. carb. 200 (Lehrmann), and he kept on with it till the middle of September, by which time not the slightest impairment of hearing could be detected.

This is no solitary instance. I have had several similar cases, and so confident am I of the efficacy of calc. carb. 200, that I should suspect the genuineness of the preparation were it to fail; which, *in such typical cases as the above, i. e.*, where the age and other circumstances are similar, it never yet has done in my hands.

As to *how* it acts I know nothing (neither does any one else); my duty is to record the fact that it does act. And when I find a large number of such cases that ought to have been treated when young, and when, moreover, the homœopathic chemists tell me they very seldom get a prescription for a high potency of calcarea carb., I feel inclined to come to the conclusion that there are those in the world who are unmistakably *too clever by half*.

In these cases I must observe there is nothing whatever to make one believe in their non-congenital origin except the fact of the disappearance of the deafness on the administration of the calcarea, and, so far as I know, no other preparation but the 200th has an equally satisfactory influence. The cases are distinct, definite, unmistakable; and the remedy sufficient, satisfactory, reliable, and, as far as a remedial agent can be, unerring.

The revelations made by aural workers regarding the effects of nasal obstruction will powerfully reflect upon what is termed general medicine. I have by me while writing, "Lectures on the Study of Fever," by Alfred Hudson, M. D., Dublin, 1872. Looking to the index, I find the *nose* is not mentioned, and throughout the body of the work I have looked in vain for a reference to it. The same might be said for many other standard works on fevers; and yet if there is any truth in the researches now being made as the influence upon the brain of nasal obstruction, it will follow

that beyond everything careful attention to the very usually tumefied and blocked condition of the nostrils is required for the proper management of the cerebral symptoms of various kinds of fever, and that the constant ablution of the nostrils with glycerine, soda, and water or other agents ought to be very generally inculcated.

These dignified gentry who are so eagerly solicitous for their *amour propre*, and for the honor and glory of their profession, would do better to study the facts elicited by specialists than to endeavor to climb the ladder of eminence by abusing them.—*Homœopathic Review*.

HYPERTROPHIC RHINITIS.*

BY F. F. CASSEDAY, M. D., KANSAS CITY, MO.

This condition, also known as hypertrophic nasal catarrh, occurs both as a result of acute rhinitis and as a complication, or sequel, to chronic rhinitis. Injudicious or undue local treatment of chronic rhinitis frequently acts as an exciting cause of the hypertrophic condition. The condition produced is a true hypertrophy, an increase in the amount of the tissue affecting the superficial and deep layers of the mucous membrane, and involving the muciparous glands. This hypertrophic process expends itself, for the most part, upon the structures which cover the two inferior turbinated bones, and upon the glandular elements in the vault of the pharynx.

As the disease merges into hypertrophy, the patient, in addition to the ordinary symptoms of catarrh, will complain of inability to breathe through the nose, especially after being exposed to cold or to any irritant. As the disease increases in severity, or when the patient is exposed to the action of the cold, there is frequently complete closure of the nostrils and the patient is compelled to breathe through the mouth. Breathing through the mouth is in turn liable to produce laryngeal and bronchial affections, which may result seriously. The voice assumes a nasal tone and the hearing may be seriously impaired. The sense of taste and of smell may be dulled or lost entirely. The increased flow

* Read before the I. A. H., 1889.

of secretion, unable to pass out of the anterior nares, passes down into the pharynx, whence it is expectorated by hawking. While the discharges are profuse, yet they are rarely fetid; neither is ulceration or epistaxis common. The persistent efforts to clear the throat of mucous keeps the pharynx in a congested state, and the result is chronic pharyngitis in many cases.

Examination, anteriorly, by means of the nasal speculum, reveals a reddened and thickened mucous membrane, velvety in appearance, and vascular. The hypertrophied tissue almost fills the nares, and, in some cases, the anterior extremity of the inferior turbinated bone may so completely fill the passage as to touch the septum. The floor and septum are usually clear of hypertrophied tissue. The surface is covered with thick mucus.

Examination, posteriorly, shows a much more marked hypertrophy, and the inferior and middle turbinated bones stand out prominently. The hypertrophied tissue covering the turbinated bones is corrugated and fissured in every direction, giving the surface of the membrane the appearance, as Sajous puts it, of the raspberry. This thickening is, at times, sufficient to entirely close the posterior nares. Where the hypertrophy involves the glandular elements of the vault of the pharynx to a marked extent, there is little hypertrophy of the membrane in that locality, but marked glandular enlargement, so excessive at times as to receive the specific name of adenoid vegetations of the vault of the pharynx. The prognosis is generally favorable.

Treatment.—In the early stages of hypertrophic rhinitis cleansing solutions are of benefit, applied by means of the atomizer through the anterior nares, if sufficiently open for that purpose. Where the nares are closed by hypertrophied tissue the solution may be used in a post-nasal syringe. Bicarbonate and biborate of soda are efficient remedies for this purpose. If there is much odor or a foul discharge from an ulcerated surface a solution of permanganate of potash will be found useful. The solutions of soda can be used in proportion of four grains to the ounce of water, the permanganate of potash one grain to the ounce. If the post-nasal syringe throws the fluid in with too much force a continu-

ous spray atomizer, such as the "star," can be employed. Any sized spray can be secured with this instrument, varying from a stream of water to a fine spray. Various authors have recommended different combinations of the above-named remedies, with the addition of carbolic acid and glycerine, as in Dobell's solution, or by the addition of either carbolic acid or glycerine alone.

The surgical treatment of this condition includes caustic acids, the galvano-cautery, the galvano-caustic snare and the cold-wire snare. Forceps were formerly used to some extent to tear away the hypertrophied tissue, but the application has fallen into disuse for obvious reasons.

When caustic acids are employed the selection is made from glacial acetic, chromic, or nitric acid. The acid (excepting chromic) is applied by means of a thin probe, wrapped with a layer of absorbant cotton. The glacial acetic acid is much the safest, though it requires more applications. Care should be observed so that applications shall not be too frequent or too extensive.

Chromic acid is applied by means of a common probe. The tip is heated and applied against one of the crystals of the acid; this, in turn, is applied to the desired point, care being taken lest too extensive an area be covered and systemic disturbance result. It is not necessary to refer to the galvano-caustic snare and the cold-wire snare in this brief paper as their application is not suited to general use.

Of surgical measures the galvano-cautery is by far the most efficient. By using the new form of galvanometer, and increasing and decreasing the intensity of the current gradually, the desired effect can be produced upon the hypertrophied tissue, and at the same time the patient will be more tractable and show less nervousness, a condition especially to be desired.

Apostoli has called attention to the distinction between the thermal and chemical action of the uninterrupted current of high intensity, and the superiority of the chemical galvano-caustic in diseases of the endometrium. In the April number of the *Journal of Ophthalmology, Otology and Laryngology*, Dr. H. H. Crippen calls attention to the chemical effect of the galvanic current upon the mucous mem-

brane of the nose and pharynx, and describes the method of Dr. Garrigou-Desarenes for applying the same. As Dr. Crippen will fully describe the technique of the application of the galvano caustic in his paper on atrophic rhinitis, I will not enter into a description of it here.

Internal medication is an important aid in reducing hypertrophies, both in connection with whatever surgical measures may be necessary, as well as in the early stage of the disease, where surgical treatment may not be demanded.

For scrofulous patients calcarea, nitric acid, mercurius and sepia are very efficient remedies. For defective assimilation, especially when associated with constitutional taint, *calcarea* has no superior. Patient is very susceptible to external influences, such as cold, heat, noise, excitement or currents of air. Glandular enlargement, adiposis and profuse sweating. Nose is apt to be dry at night, but moist during the day. Exceeding dryness in posterior nasal cavities; snuffs a great deal. Especially useful in cases showing a tendency to phthisis, even where incipient phthisis is present, and there is pharyngeal and laryngeal congestion.

Nitric Acid.—Syphilitic cases. Eustachian tubes obstructed. Gets choked up so he has to leave the table when eating. Soreness of the larynx. Strong urine. Relieved by motion or riding in a carriage.

Mercurius.—Preferably the proto-iodide; septum nares sore and edges of nostrils covered with crusts. Plugs form in nose and when expelled are tinged with blood. Tonsils and fauces inflamed. Sensitive to cold, damp air, and worse in the spring.

Sepia.—Dark hair and sallow complexion. Catarrhs associated with uterine derangements. Dark brown offensive urine. In cases where there is loss of smell or fetid odor from nares it is a valuable remedy. Aggravated by cold, wet weather and by acids.

When there is a paucity of local symptoms observe carefully concomitant symptoms.

Under unhealthy skin study sulphur, rhus tox., arsenic and hepar.

Sulphur.—Psoric dyscrasia. Flashes of heat, leaving slight perspiration and a sensation of weakness. Heat in face and

rush of blood to head. Faint about 11 A. M., and must eat. Heat on top of head. Morning diarrhœa, driving out of bed. Dislikes the bath. Itching in nose and formation of scabs.

Rhus Tox.—Bad effects from severe wetting in rain. Stuffed sensation in nose. Vesicular eruptions about nose and mouth. Rheumatics. Aggravation, by rest; before a storm; in damp weather.

Arsenic.—Chilliness; loves to stay near the fire. In malarial poisoning, and in patients suffering from defective assimilation. Dryness of nasal cavities; odor is offensive to patient. Corrosive discharges, especially under iodide of arsenic. Weakness, characteristic thirst, burning pain, œdema notably about eyes and nose.

Hepar.—Glandular enlargement. Slight wounds suppurate easily. Moist eruption on head or extremities. Acute sense of smell. Boring aching at root of nose from 7 to 12 A. M. Dorsum of nose sore and sensitive to the touch. Perspires easily and without relief.

Remedies deserving especial mention are alumina, phosphorous, silicea, staphisagria, sanguinaria, thuja, kali mur., natrum mur., graphites and lycopodium. Borax also acts well internally in conjunction with its local use.

Alumina.—Ulcerations. Scuffs in the nose. Nose stuffed up with thick, yellow mucus. Septum is swollen, painful to the touch. Redness of nose. Dryness of throat, especially on waking from sleep. Voice is husky and thick; mucus accumulates in posterior nares and annoys by dropping into throat. Tightly adhering phlegm, difficult to raise. Atony of bowels.

Phosphorus.—Worse on going out on windy days. Suppressed or very acute smell. Fulness in nostrils, especially left. Burning and dryness in throat and irritated uvula. Aphonia, evening hoarseness, with soreness behind the sternum, and sense of weight in the chest. Inclined to emaciation. Aggravated by excitement, eating and drinking.

Silicea.—Anæmic constitutions, with imperfect assimilation. Purulent secretions. Chronic dryness, often from an arrest of a foot sweat. Ulcers in nose, or excoriated membrane covered with crusts. Nose cold. Itching at tip of nose. Thin, corrosive or curdy discharges. Loose cough,

with tendency to purulent expectoration. Catarrhal symptoms, usually worse in the morning, and voice is husky with a sensation of roughness in the larynx. Sensation of hair on tip of tongue. Sweat towards morning.

Staphisagria.—Ulceration in nostrils. Swelling of glands of neck. Limbs sore, as if bruised.

Sanguinaria.—Right side, burning in throat after eating sweet things, better from breathing cold air. Suitable for persons with catarrh who are subject to sick headache.

Thuja.—Painful ulceration and scabs in the nostrils. Swelling in wings of nose, with hardness and tension. Offensive, purulent discharge from nostrils. Nose dry and stuffed, worse evenings. Painful pressure at root of nose. Concomitants—sycotic moist excrescences, persistent sleeplessness, profuse night sweats, staining clothes yellow as if saturated with oil.

Kali Mur.—Mucous membrane red and tumid. Ulceration, especially syphilitic.

Natrum Mur.—Chlorosis and malarial conditions. Constipation, with difficult expulsion of stool. Loss of smell, posterior nares dry, alæ red, hot, swollen and sore. Scabs in the nose, worse on left side. Dryness alternates with discharges.

Graphites.—Persons inclined to be fleshy. Lymphatic temperament, chronic eruptions. Foul-smelling mucus, dry scabs with sore or cracked and ulcerated nostrils.

Lycopodium.—Excessive dryness of nares is characteristic of this remedy. Acute smell. Pain in temples pressing inward. Scurfs in nose, followed by acrid discharge, or discharge of elastic plugs somewhat periodically. Tendency to hepatic affections, excessive accumulation of flatus in bowels.

TYPHOID AND DIPHTHERIA—A CONTRAST.

BY J. B. DUNHAM, M. D., WENONA, ILL.

Among diseases having their origin and perpetuation in filth none stand out more permanently than typhoid fever and diphtheria. The appearance of either warrant an immediate and close scrutiny of the sanitary condition of the premises.

Outbreaks of both these diseases occurred in one community in the past six months, that considering the surroundings, seem worthy of record.

Nov. 1st, Charles Peterson, aged 19, was taken with typhoid fever. His was the third case that had originated in a family one mile from town; the first and second cases having died but a short time before. Becoming incapacitated for labor he came to his mother's home, a small house of three rooms that were not overwell kept. Five other children, of from two to seventeen years, including the mother, composed the family. A three weeks' siege terminated the fever, and an early recovery was promised, but this was cut short by over-exertion in sitting up, and a relapse followed. Four weary weeks wore away before convalescence was re-established. By this time a seven years old girl showed prodromal symptoms of the disease.

At this juncture an improvised ambulance enabled us to remove the patients to a larger house. The removal was followed by two girls, ten and fourteen years respectively coming down with the disease.

Three girls were now sick, and the son, first taken, was but able to be about the house.

All the labor devolved upon the mother, who, to her credit be it said, did her best.

The daughters were but convalescent when a seventeen year old brother came down with the fever. His fever was but fairly settled in its regular course when the mother went to bed in confinement. In a few days she, in turn, showed well marked symptoms of the dread malady. Her recovery though not rapid, was perfect, being the sixth case in the family. During all of this time the sanitary conditions had seemed about as bad as they could well be.

THE CONTRAST.

The finest residence in our city, built some five years ago, is occupied by the owner. All that wealth and care could do to make it a perfect home was done.

Seven children and the parents composed this family. The eldest two children were absent on a visit. January 1st, the mother with her eighteen months' old babe and the

next older child, returned from a short visit. Symptoms of illness soon appeared in the baby. An elderly physician was summoned who pronounced the trouble diphtheria. The next eldest was soon taken ill, quickly followed by the remaining three children. The disease beginning to assume an alarming form, counsel was called and the trouble was pronounced to be malignant. The four youngest were laid away in rapid succession, and the fifth left in a pitiable condition.

A careful inspection of the premises failed to discover any sanitary reason for the outbreak.

[As the doctor says, it is quite probable that no cause for the latter cases existed about the premises, but there would seem to be little trouble in understanding the source of the infection. The baby contracted the disease away from home and the best sanitary conditions often seem to have little influence when a virulent disease has once gained entrance. Epidemics of various infectious disorders have more than once been known to make their worst ravages in the best quarters of a city, while the squalid and unsanitary portions escaped very lightly.—ED.]

CHRYSOPHANIC ACID.*

By E. W. BEEBE, M. D., MILWAUKEE, WIS.

This drug has well-known uses as an external application in scaly skin affections, but, so far as I know, has not been used internally in diseases of the eye until an accidental proving which came under my observation led to its use, as will be hereinafter noted.

We find from the U. S. Dispensatory that "this substance is extracted from *Goa* powder, which is found deposited in the wood of the trunk of the *Andria Araraba*, a native tree of Brazil.

"The tree is large, often attaining a height of one hundred feet, the trunk being smooth, with a spheroidal, not very-bushy, head.

"The wood is yellowish, and has numerous longitudinal

*Read before the A. I. H., 1889.

canals and interspaces or lacunæ, in which the chrysarobin is found.

“Workmen who procure it often suffer severely from irritation of the eyes and face.

“When taken internally in sufficient dose, it is a decided gastro-intestinal irritant, producing large, very watery stools, of a brownish color, and repeated vomiting, without much nausea.

“It has long been used in South America and India as a remedy in skin diseases.”

In a recently published homœopathic pharmacopœia it is stated that chrysophanic acid is an extract from the ordinary commercial rhubarb, and I mention this fact that no mistake be made in using such preparation.

A professional friend while preparing this drug for external use, applied some of the ointment (one part to ten of vaseline) to the edges of his eyelids, thinking it might be a relief to a marginal blepharitis which had annoyed him for some years; the effects were immediate and of sufficient severity to satisfy him that it could not be used in such strength in affections of the eyelids.

He was attacked at once with a severe inflammation of the eyes, characterized by the following symptoms: Marked conjunctival inflammation of globe and lid, contraction of the pupils, with intense photophobia, the least ray of light producing great pain, which was intensified by a throbbing sensation, synchronous with the action of the heart; this was accompanied by phosphorescent flashes of light, like that from the application of a galvanic current.

On forcing the eyes to look at objects in the darkened room, retinal impressions of them were left or retained for some time after closing them.

There was swelling of the lids and irritation of the skin about the eyes.

These symptoms continued for some days, it being nearly a week before he could bear sufficient light to enable him to leave his darkened room.

On recovering, he was pleased to note the marked improvement in the condition of the blepharitis, which amelioration led him to use the remedy again in a more atten-

uated form. An ointment of the strength of one to a hundred was applied, and this application was followed by the same symptoms as when first used, but in a somewhat modified form.

This heroic treatment completely cured the diseased eyelids, although the condition was evidently due to an error of the refraction, he being astigmatic, and unable to wear correcting lenses with comfort.

This accidental proving led me to experiment with it in the various forms of blepharitis, and in some cases with very gratifying results, while in others it seemed to cause an aggravation of the existing conditions.

It seems best adapted to that variety of the disease known as blepharitis ciliaris, and should not be used in greater strength than one part of the powder to a thousand of vaseline, for fear of aggravations.

It is not, however, in affections of the lids that I have been most pleased with its actions, or where it promises to be of greatest service.

The array of symptoms brought out by the proving gives us a most complete picture of retinal asthenopia, or, as Graefe called it, optical hyperaesthesia, a condition which is difficult to cure, and for which we have but a limited number of remedies.

In its action upon the retina, iris and ciliary body, it is an analogue of Physostigma and Pilocarpin, and should prove of equal value in affections implicating these structures, when its sphere of action shall have been clearly defined by thorough provings.

It will undoubtedly prove of greater value when administered internally, and used as a collyrium in overtaxed eyes, than as a myotic, as its action is too violent when used in sufficient dose to produce its characteristic effect upon the pupil.

I have given it internally in the third decimal trituration in photophobia attending scrofulous ophthalmia, trachoma, keratitis and iritis, with seeming good effect, but I believe it more applicable to those cases of retinal asthenopia which are caused by undue irritation of the ciliary system from straining the eye, either by an intense or insufficient illumination.

HOW DOES KALI HYDROIODICUM AFFECT THE HEART.

BY PROF. M. G. SÉE, PARIS.*

Its Homeopathicity, by S. LILIENTHAL, M. D., San Francisco, Cal.

(1) *Effects of the salts of potassium on blood pressure.* We must differentiate between the iodide of potassium and the iodide of sodium, as their direct injection into the veins of a dog shows distinct differences. It is well known that potassium salts *excite the heart and the vaso-constrictor nerves and that they increase blood pressure.* The radical potassium confers this quality to the iodine just as well as it does to its other salts, which we do not meet in the sodium.

(2) How does this property combine itself with the iodine? The pressure was taken by a manometer in the femoral and carotid. The $\frac{1}{2}$ salt in solution was injected in the saphena. Small doses were at first used, and then more massive ones. A dog of 8 to 10 kilos bears very well a gramme of iodide of potash injected in 20 to 30 seconds into the saphena, and the injection can be repeated in a quarter of an hour; this tolerance is remarkable, for by injecting kali muriaticum 0.50, it is very apt to kill the dog. When we inject to a slightly curarised dog of 8 to 10 kilos two or three grammes of iodide of potash or of sodium, in two or three fractions, the following results follow:

(3) *Symptoms of the heart and of intra-vascular pressure.*
(a) First stage or that of the alkali: With iodide of potash, acceleration of the heart, the pressure rises immediately a few centimeters, and remains a long time at the elevation; the tracing represents great oscillations slowly succeeding one another at intervals of several minutes. This regularity is only observed after the first injection, followed by sudden and tumultuous ascensions, causing in the circulatory apparatus convulsions, which the curare prevents in the motor sphere. If during that period one excites the peripheric end of the pneumogastric, after the fall of pressure to the normal (contrary to the opinions of Bagolepof), there will be an energetic reparation, which brings up the pressure 4 to 5 centimeters higher than it was at first. With iodide of sodium the phenomena are far less accentuated, as a few

* Bulletin Medical, 80, 1889.

minutes after the injection one observes only a slight elevation of pressure, at most 1 to 2 centimeters. The heart is slackened, showing some intermittens, and then returns to its primitive state. (b) *The action of the iodides.* About an hour after the first injection another series of phenomena begins, identical for both the iodides. The pressure descends slowly and continuously, while at the same time the heart is slightly accelerated. This fall continues for one or two hours or more, and then rises again just as slowly as it fell. The minimum may reach eight centimeters below the primitive level.

The first aspect certainly belongs to the potassium, for when we inject the chloride of potash in such small doses so not to kill the dog, we observe the same characteristic undulations as in convulsive spasms, which naturally are absent under the action of the iodine on the falling of the pressure.

(4) *Potassic vaso-constriction, final vaso-dilatation.*—Iodide of potassium then at first excites; the heart-beat is accelerated, the pressure rises; vaso-constriction is evident, which is followed by vaso-dilatation and low pressure,—the action of the iodine.

We meet therefore; (a) *Hyperemic action by vaso-dilatation* in the respiratory organs. Iodine in general causes hyperemia in the mucosa of the bronchi and lungs and in the skin, while strong doses may produce hæmorrhages; constituting in reality the indisputable basis for the most useful actions of iodine. This hyperemic, congestive power belongs to the vaso-dilatation, but not through a paralysis of the vaso-motor center which remains intact, but it takes place at the periphery in the blood vessels of the organs or rather in the peripheric tissues; (b) *Bronchial hypersecretory action; antidyspnoæic secretory action in asthmatics.* This congestive action causes hypersecretion, a viscous, compact exudation, adhering to the mucosa by rendering expectoration painful, till it becomes softened and liquid; the dyspnoæa ceases as soon as the iodine begins to act, causing vaso-dilatation of the blood vessels and hypersecretion due to the afflux of blood to the blood vessels. (c) *Vaso-dilatation of the pulmonary vessels. Antidyspnoæic, pulmonary action in cardiac patients.* Intra-pulmonary circulation becomes more

active by iodine, and by causing hyperemia in the tissues of the lungs removes the venous stases, so frequent and so dangerous, in the pulmonary vessels of cardiac patients. It becomes a respiratory medicine for those suffering from cardiac affections or asthma, in fact it is a direct pulmonary medicine, for iodine accumulates in large quantities in the lungs and thus facilitates respiration. We know that cardiac dyspnoea is also a pulmonary dyspnoea. Iodine relieves this labored breathing and thus also the lungs.

Our cardiac patients may also suffer from nervous or chemical dyspnoea. In some cardiac affections we fail to meet any pulmonary venous engorgement nor any infarct; no pulmonary oedema, and still asphyxia threatens, as an excess of CO₂ prevents regular respiratory inhalations or excites it beyond measure. Iodine renders the general circulation more active and thus also the respiratory centers, more blood circulates, bringing more activity in the gaseous exchanges and re-establishes the equilibrium.

Multiple action of iodide of potassium on the heart. (1) *Primitive reinforcement of the heart or of the blood pressure, its labors facilitated by vaso-dilatation of the coronaries.* As soon as blood pressure is increased, intra-cardiac action increases in the coronary arteries as well as in the whole arterial system, and thus the nerves of the heart partake of this reinforcement. We possess in iodine a grand remedy to strengthen the circulation in the heart, it becomes an indirect tonic to the heart, by raising up a weakened circulation, which becomes quicker and thus more regular. (1) *Iodide of potassium is a digitalic poison, hence a benefactor.* All experimentators agree that the potassium salts act only toxically when injected into the blood, but they may be taken *per os* pure or in food, containing twenty times more than the therapeutic dose and they cause only insignificant effects. For a long time they were considered as muscular poisons, but all modern physiologists rather believe that they effect the nervous apparatus, first over excitation, then a weakness which may end in muscular paralysis. The most important muscle is certainly the heart, and similar to digitalis, we meet: after a slight transitory depression comes increased blood pressure, which is naturally independent of vaso-

dilatation and becomes an additional source for the energy of the heart. Finally the intra-cardiac centres become paralyzed and the heart stops. If then iodide of potassium is a cardiac poison, it will be more useful than iodum or iodide of sodium, for it acts by its double constituents, while the iodide of sodium produces dilatation of the blood-vessels only by its iodine, for sodium is indifferent to muscles, nerves or blood-globules, which need the potassium. Soda is an element of the plasma, hence passive.

Action of iodum in diseases of the heart and blood vessels. Though iodum may sometimes cause hemorrhages or gastric troubles, it may be considered proved that in all cardiopathics it aids us in regulating respiration, for the labored respiration is the initial symptom in nearly all cases even when the compensation between the myocard and its obstacles seems perfect. Still more indication for iodium is when the dyspnœa is pulmonary by stasis or œdema, which will always happen when compensation is inhibited or annulled hence wherever we meet asystoly. But dyspnœa is not its only indication. It has been prescribed for (1) *Cardiac adiposis*, as iodine in large and prolonged doses causes atrophy of certain tissues and glands, and reduces the volume of hyperplastic connective tissue and of the fatty elements which contribute to degenerative processes. The heart does not escape these reductive processes, and where is true adiposis, the chances for a cure not bad. (2) *Sclerosis; fibroadipose degeneration*, may even allow a reduction of these transformed tissues. The muscular fibres of the myocardium which remained intact, may be therapeutically forced up in their circulative and thus in their functional action. This is a precious indication for the iodides in all degenerations. (3) *Dilatation of the left ventricle, Cœur forcé*. The heart underwent an atonic dilatation or overwork, leading to the forced heart (asystoly, weakened heart), the iodides may still be able to rescue up the weakened or distended tissues of the heart. (4) *Left ventricular hypertrophy* from whatever origin, whether from aortic lesion or by a general arteriosclerosis or by an atrophic lesion of the kidneys, may be to a certain moment compensatory, resting on a muscular basis, to which nothing can be added or taken away. As

long as the iodide is able to brace up or increase the coronary circulation, just in such a degree it will strengthen the muscular fibres. (5) *Coronary sclerosis; angina pectoris*. Though mostly incurable, still a trial with iodide of potassium may not be amiss, for it may animate the coronary circulation, revivify its texture so that it may take up again its function, as it re-establishes an arterial hyperæmic in the arterio-capillary system and thus a vaso-dilatation in whatever is yet free and sound in the coronary arteries. (6) *Cardiocalgia*. In this false angina pectoris where the heart often suffers more than in the true one, where the respiration is constantly polypnœic, where the pains are constant and severe, where perhaps one meets a vaso-motor aura, iodide of potassium acts splendidly, aided by injections of antipyrine or inhalation of pyridine. (7) *Organic or nervous asthenia*, especially that of old age, are relieved by the iodides, for we find often there a partial degeneration of the cardiac muscle. The iodides acting on the fibres which are still preserved triumphs ordinarily over the powerlessness of the degenerated muscles, but it will fail in purely nervous asthenia, where the pneumogastric nerves are at fault. (8) *Functional troubles of the vagi, palpitations, tachycardia, morbus Basedowii*, where the disease originates from a paralysis of the inhibitory nerves, are not benefitted by the action of the iodides, for iodine and its salts do not act on the vagi, as a section of these nerves does not modify the vaso-dilatatory effects of these drugs. Whether the heart is accelerated or agitated or tachycardic, the iodides cannot alter it and in morbus Basedowii, where the vasomotor-center is itself compromised, paralysed, where there exists already a morbid vaso-dilatation, with multiple congestions, the iodides can only be injurious. Just so when the action of the heart slacks, becomes bradycardic under the influence of a local cardiac lesion or of a local lesion of the bulbus, the iodides fail, and the disease runs its fatal course. (9) *Aneurysma aortæ* is the triumph of iodide of potassium, but we hardly know how it works. The iodide of sodium can never take its place here.

Résumé. The true remedy of the heart is the iodide of potassium. Far from being a depressing agent, it applies

itself to mitral lesions or non-compensated myocardic ones, with cardiac weakness; it increases the energy of the heart and vascular pressure. Dilating somewhat later all the arterioles, it facilitates the circulation of the blood, and the heart, relieved of its incubus, recovers its contractile power. Finally by the vaso-dilatation, naturally extending itself to the coronary arteries which nourish the heart, the iodides thus aid the circulation and nutrition of an organ which dominates over life.

“E. pur il muove,” my venerated friend Kafka might say, for Prof. Sée’s grand article fully explains the action of iodum and its salts in croupous pneumonia and kindred affections, and as Jousset insists upon that the clinique is the only safe guide on the use of drugs, even he must cease to raise his voice against the clinical experiences of the Austrian physician. I have only lately published a short essay on “iodum and its salts in pneumonia” in the Transactions of the American Institute of Homœopathy for 1889, to which I beg to refer the reader, who is also requested to read that capital thesis of Miss Emily Bradley on the physiological action of the drug. Prof. Sée leads our attention to iodum in heart-diseases and even here I consider most of his indications perfectly homœopathic. Oh! that there are men so blind that they pass by the truth without seeing it!

Allen V. 131, gives us for iodum: 598, heaviness in chest, causing difficult respiration; 603, constriction of the chest; 619, great precordial anxiety, obliging him to change constantly his position; 625, palpitation increased by movement,—and under that iodatum, page 345, 549, heart feels as if enlarged and heavy and beats very slowly; 550, sensation as if all the vessels of the heart were dilated, with inclination to take deep inspirations; 556, he is afraid to stir, the least movement aggravates the pains of the heart. And in that “Hand-book of Materia Medica and Therapeutics” (which, like the bible, ought to be for ready reference at the prescription table of every physician of our school) Allen teaches, the pains in the chest are sharp, as in all the potashes; sticking when walking; oppression, faint-like exhaustion, tumultuous, violent, intermittent, irregular action

of heart and pulse, with tensive pain across chest, especially affecting right ventricle, which gradually became dilated; heart unequal to the task of circulating the blood.

Kafka (*Hom. Therapie*, Vol. I, 320) recommends iodum 3 to 6 highly in affections of the endocardium, it quiets the morbid action of the heart, especially when murmurs can be clearly heard during the systole, and it acts favorably by absorbing plastic exudations. It must never be given below the third, or else the very opposite effect may be seen (p. 331). For insufficiency of the aortic valves with its flexions to the head, chest, with threatening cerebral apoplexy, because the compensatory activity of the left ventricles causes too much blood to fill the arteries. Kali iod. may become a regulator for the circulation (339). In hypertrophy of the heart our aim must be to moderate excessive action, when the patients complain of strong palpitations with dyspnoea, pressure in epigastrium and congestion to the head. The iodides do not diminish the volume of the heart, but it prevents for a long time the fatty degeneration of the heart muscle, so frequent a sequela of hypertrophy. He pleads here again for the middle potencies, as too low doses may increase the morbid manifestations.

E. M. Hale (*Diseases of the Heart*, p. 94) recommends the nitrate and iodide of potassa in pericarditis as a complication of acute rheumatism or with pneumonic complication, finally, also, for the pericardial effusion, where he also uses the iodide of arsenic.

Raue (*Special Pathology*, 437)—and we have great cause for gratitude that this leader of the old guard was spared to us—recommends iodum in pericarditis, in complication with croupous pneumonia: purring feeling in the region of the heart; violent palpitation, increased from the slightest motion, better while lying perfectly quiet on the back; fainting spells; also in eadocarditis, if spigelia failed to act favorably during 24 to 36 hours. In valvular diseases with darts in the cardiac region when walking, after mercurial poisoning, after repeated attacks of inflammation of the heart (kali iod.)

Last, but not least, our own C. Hg. in his glorious and reliable "Guiding Symptoms." Hering prescribes iodum in

croupous pneumonia: sensation of weakness in chest, with anxiety, oppression and burning, tearing, stabbing pains; sensation as if something resisted expansion; cough with dyspnœa, blood-streaked expectoration, pneumonia when the disease localizes; pleuritic effusions; the weakened heart, palpitations, increased from least exertion, with faintness; tumultuous, irregular or intermittent action of heart; mitral insufficiency and periodical attacks of pain about heart; ventral dilatation with loss of strength, difficult breathing, violent palpitations. Nearly the same symptoms are given under kali iod., so that Allen seems to be justified to class them together.

Hering gives under iodum, "excessive cardiac action in exophthalmic goitre," and seems thus in contradiction with Sée, but Kafka warns us for too low doses, and thus the difference can be explained. How that celebrated French professor labors hard to explain the action of the drug, when the natural law which Hahnemann pronounced opens so easily the knotty question. And still we ought to be under great obligation to this clinician, for now we also know the why and wherefore, and we are only sorry that this drug is not more carefully studied and then more frequently applied.

ARTICLES IN SURGERY.

RAILROAD SURGERY, HÆMATURIA AND PRURITUS VULVÆ.*

By O. H. BUCK, M. D.

For special reasons I have been unable to prepare an essay for this occasion; therefore I may be pardoned for reciting a few cases in my practice which may open a way to discussion and be profitable to all.

CASE NUMBER ONE.

An engineer was brought to my office having been thrown from his engine.

Upon examination I found a compound fracture of the *skull*, evidently having struck the corner of a tie, as the de-

* Read before the Kentucky Homœopathic State Society.

pression was triangular. I thought it necessary to operate at once, and summoned assistance. Before getting ready to operate, two or three physicians called. Some were of the opinion that an operation ought not to be attempted, at least until there was reaction. I very much doubted his ability to react with the amount of pressure existing. Extremities cold, pulse forty per minute, stertorous breathing, vomiting bloody mucus every few minutes, pupils largely dilated, perfectly unconscious. I was of the opinion that no time should be lost in operating.

As the wound was filled with dirt, of course it was cleansed and scalp dissected back to allow plenty of room to trephine. The fracture being triangular, the trephine was placed at apex of the triangle and then carried through the bone, both outer and inner table. The entire fractured bone was removed, being at least three-fourths of an inch on each face. Fortunately the dura mata was not wounded. There having come under my observation one case in which silver was placed underneath the scalp to protect the brain, causing sufficient irritation to require its removal, and in view of there being but the above mentioned surface exposed, the wound was then closed except open for a drain tube, using silk sutures. There were two other cuts through the scalp about three inches long, which were sewed and all healed by first intention. Not until the lapse of about thirty-six hours was there any sign of reaction, after which the temperature of the head rose very high. He was unable to swallow; I therefore kept bags of ice constantly applied to his head. Although very restless he remained perfectly unconscious for six days, at the expiration of which time, by a trick known only to my assistant in the case, I was superseded. I, however, was kept posted regarding him until his recovery which took place in about five months from the time of injury.

CASE NUMBER TWO.

Early one morning I was sent down to the K. C. R. R. to attend a conductor whom it was said had been hit by an overhead bridge. I found him unconscious, with hæmorrhage from nose, eyes and ears. Pulse very irregular, ranging from forty to fifty per minute. Extremities cold; respir-

ation labored. I at once administered hypodermic injections of whiskey, which had the effect of restoring to some extent the irregularity of pulse, and raising temperature of extremities.

Having made a very thorough examination of his head and finding no trace of fracture, not even a bruise of the skin, I at once said there was none—simply a case of violent concussion. His home being in Covington, I took him there and placed him in care of his family physician, and a daily record was kept of his case. He steadily improved for a few days—even got so he could walk out on the street. In about two weeks he began complaining of violent headache, growing gradually worse until after several days of violent delirium he died; which event occurred about three weeks from time of injury. Post mortem revealed an extensive fracture, almost entirely encircling the occipital bone, but wholly of the inner plate, in no place extending to the outer. Both in ante mortem, and post mortem reports the statement was made that he was hit upon the head by a bridge. I asserted then and claim now that he was not, because, as I stated in court (his administrator having sued for damages), no one could be hit on the head by an overhead bridge without there being some abrasion of the skin or an indenture of skull; particularly as it was in evidence that the train was running fifteen miles an hour when the accident occurred.

Although not called upon to prepare an article in this particular department, I wish to report two cases which to me have been of more than ordinary interest. Not so much on account of treatment, as by reason of there being in the first instance the very worst and in the second the only one I ever saw.

CASE NUMBER ONE—HÆMATURIA.

Mr. W., aged seventy-two, light complexion, nervous temperament, family history the very best, was never since childhood sick in bed, has had remarkable good health all through life. Within the past ten or twelve years I have at times prescribed for him for an abnormal flow of urine, but with none of these attacks has the urine been abnormal, either in weight or reaction.

Some weeks ago, with no premonition whatever, he began

passing blood from the bladder. A physician was summoned but there being no improvement in his condition, a change in physicians was deemed wise. I saw him for the first time two weeks after the trouble began. I learned that in each twenty-four hours there was voided at least five pints of blood and urine. When I first saw him I was compelled to introduce a catheter, and with an aspirator syringe draw the clotted blood from the bladder. I had to resort to this measure but once, although I several times saw him pass large streams of clotted blood before any sign of urine, and then it would be so thoroughly incorporated that it could not be told of which there was the most, urine or blood. Bear in mind this condition had existed with little or no change, for at least two weeks. I learned from the family that the principal thing taken in the way of treatment was ergot. I therefore concluded to lose no time in giving what he had undoubtedly had enough of.

He said he felt as well as he ever did in his life, not an ache or pain, no tenderness either over kidneys or bladder; appetite good; bowels acting every day; slept well at night, except when getting up to urinate, which occurred more frequently at night than in the day. No pain or burning when passing urine; only an abnormal urging at the time. I confess I was entirely at sea as to the remedy, in fact believed there was no remedy on earth that would react the case and so informed the family. The appearance of the blood solely determined the remedy. Everything passed was as black as ink. I knew or know of but one remedy that has this characteristic in bladder or kidney trouble, and that is terebinthina. I gave it to him in drop doses every hour, with the gratifying result of seeing his condition change for the better, in less than twenty-four hours. In view of his having lost so much blood, I gave him two drop doses of china every four hours. After continuing the terebinthina for forty-eight hours, I administered it at intervals of three hours. In just six days from my first visit, his urine became perfectly clear of blood, having taken nothing but these two drugs; at the expiration of which time there was a slight mucus discharge just before urine began to flow. I then gave him uva ursi, which cleared the whole trouble up,

and now at the expiration of nearly a month, he remains in his usual health.

PRURITIS VULVÆ.

Some months since a lady came to me complaining of an intolerable itching in the vagina. This state of affairs had continued with more or less regularity for two years. The itching was most severe just before voiding urine. Not even suspecting the cause, I took it to be pruritus vulvæ, and so treated her for some weeks with not the slightest benefit. After having failed so often in my prescriptions, I persuaded her to submit to an examination of the parts. I could find no trace of an eruption of any sort. Each time she called there was no variation in her expression, "it feels as though there were worms crawling in the vagina." After several weeks of foolishness I came to the conclusion that it was a parasite of the kidney, and requested her to bring me some urine to test. Although this condition had existed for some two years, she had never noticed what was easily discovered when holding it between you and the light; the urine was literally loaded with what I pronounced *strongylus gigas*; although it is said that but few cases of this parasite have been reported in man. Her husband being a traveling man, she remained under my observation but about six weeks after the discovery of the parasite. I regretted her departure as I wished to continue my experimenting. The well known reputation of terebinthina in removing *ascarides* induced me to try it in this case. I gave her three drops every five or six hours. In the course of twenty-four hours they increased many fold, and so continued several days. After which they gradually decreased to a less quantity than when I first made the discovery. They varied in length from one to four inches; in diameter about the size of a small hair and blood red.

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All contributions (articles, correspondence, etc.) to this journal are accepted with the understanding that they are exclusively for its pages, and that after acceptance they will appear elsewhere only as abstracts duly credited to the COUNSELOR.

The Editor does not hold himself responsible for the opinions of contributors.

Pamphlet Reprints of articles will be furnished at cost of extra press-work, paper, blinding and forwarding, or extra copies of the issue containing the articles at cost, but the number desired must be specified when the article is sent to the Editor.

For the convenience of subscribers, the journal will be sent regularly until arrears are paid and notice received to discontinue.

All remittances must be made by registered letter, bank draft, postal or express order. Cash remittances must be at sender's risk.

EDITORIALS.

BOGUS DIPLOMAS.

For a long time our country has been spared the humiliating spectacle of a real "diploma mill" in full operation—or rather has been spared from the knowledge of one. Ever since the notorious Buchanan business was exposed and broken up, the profession and public have rested complacently in the belief that such disgraceful transactions were at an end. But just while everybody was thus felicitating himself, comes the news that away down East the old familiar story has been repeated—two "diploma mills" are grinding out regular grists as fast as they can secure the requisite amount of money for each.

In New Hampshire and Vermont these nefarious institutions have flourished, until recently they were discovered and exposed. Only a short time since, while in England, a friend asked the writer if it was possible to buy a "sheep-skin" in America, and no time was lost in jokingly assuring him that he would have to go further than our country to

fit himself out in that way. We little thought of having to take it all back so soon.

It seems difficult to imagine that there are men so far down the moral scale as to desire to hold a place in the esteem of any community, and yet be willing to recklessly trifle with human life—the lives of their friends—by essaying the practice of medicine without the slightest knowledge or fitness for doing so. What then induces men to purchase a certificate purporting to have been granted by a real or fictitious medical college, and thus become the chief partner in a monstrous crime against humanity. Nothing but a deliberate intention of preying upon the innocent and suffering public—recklessly sacrificing it may be the lives of human beings for the sake of sordid gain. What care they if a fellow-being dies from lack of what might have been done to save him, or directly because of bungling and ignorant treatment at their hands, so long as they secure a few paltry dollars.

The action of the officers of the law in ferreting out and bringing to justice these latest diploma-vendors, cannot be too warmly commended, and it is to be hoped that the culprits will receive the extreme penalty of the law for such offenses. A reckless disregard of life is justly considered a crime next in enormity to that of actual murder, hence, it seems to us, it is scarcely possible for the law to deal too severely with this class of criminals, for criminals they are both morally and legally. It is a great pity moreover, that every one who has become a *particeps criminis* in the affair by purchasing what he knew to be a forgery, cannot be discovered and punished together with the originator of the iniquitous plot.

Every state needs some means of getting rid of all the latter class that have become domiciled within its borders, and of preventing others of the same sort from entering. Strict requirements in the graduation of all its own sons who desire to practice medicine, as well as of those who come from other states, will insure relief from imposition of this character. All those now practicing without a diploma should be prohibited from doing so, and no license should hereafter be granted to anyone who has not taken a pre-

scribed course (say three terms of six months each at least) in a regularly chartered and reputable medical school.

We should first *legislate the colleges*, and then those who desire to practice medicine in the state, by licensing only those holding a diploma from one of the schools having the required curriculum. This is the *only* just and feasible plan of elevating the standard of medical education, and at the same time, of not curtailing the rights of the people in the matter, leaving them free to employ whatever practitioner and whatever "pathy" they choose.

BOOK REVIEWS.

A TREATISE ON DISEASES OF THE NOSE AND THROAT IN TWO VOLUMES. By Francke Huntington Bosworth, A. M., M. D. Professor of Diseases of the Throat in the Bellevue Hospital Medical College, New York, etc., etc. With four colored plates and 182 wood cuts. New York: William Wood & Company.

The present work, the author tells us, was undertaken as a second edition to his book on the same subject published in 1881. Such rapid advances have been made, however, in the study of these diseases that he found it necessary to write an entirely new treatise. Moreover, the work grew so far beyond what he had contemplated, that he has been obliged to divide it into *two* volumes. The first of these lies before us and comprises 670 pages in itself, from which some idea may be gained of the completeness of the whole.

The author's personal views and opinions are given in most cases, and his wide reputation in this line of work justifies him in so doing. Wide experience and firm conviction warrant positive statements, hence the fact that the book teems with these, does not detract one whit from its value—in fact it rather enhances it we think.

It seems somewhat strange to see a chapter on asthma in a treatise on diseases of the nose, but if we can accept the author's opinion that, asthma depends in the majority of instances, primarily on nasal disorders, it will appear to be quite in place. While there is not the slightest doubt that it is so in many cases, we think that other causes also produce asthma. The important function of the nose in respiration is too often unheeded, however, and there is no doubt

that not only do diseases of the nose complicate diseases of the lower respiratory tract, but the latter often result from, or depend entirely upon the former, as in cases of asthma, bronchitis, tuberculosis, etc.

It is only within a comparatively recent period that any importance has been attached to diseases of the upper respiratory passages, but it has been a wonderfully fertile field for investigation, and nothing better demonstrates this than that it should be found profitable to issue a work of such magnitude on this subject. That it is demanded, the enterprising prudence and foresight of its publishers is sufficient guarantee.

The book is well printed upon the very best of paper, unusually heavy, handsomely and substantially bound in cloth, and when complete will be the most thorough and exhaustive treatise upon this subject in existence.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Volume IV. Number two (November). Published monthly. Price, \$10.00 a year; single copies, \$1.00. New York: William Wood & Company, 56 and 58 Lafayette Place.

The first article in this number, "On the Surgery of the Knee-Joint," is by C. B. Keetley, F. R. C. S., and discusses the present treatment of this troublesome affection as compared with that of a decade ago. The author advocates free opening of the joint, and couples with it the use of such drugs as iodoform and corrosive sublimate, absolute fixation by plaster-of-Paris, suturing of the patella, etc., and gives reports of cases illustrating the method. Following this, he devotes a chapter to the responsibility placed on the physician and general practitioner by the modern progress of surgery.

The second article, "Aids to Ophthalmic Medicine and Surgery," is by the widely known author and surgeon, Jonathan Hutchinson, Jun., F. R. C. S., and we need hardly say that it is a concise, clear, and very complete exposition of the subject. It is fully illustrated also, and this always adds much to such a treatise.

The last is a tersely written treatise upon "Bacteriological Technology for Physicians," by Dr. C. J. Salomonsen, a Danish scientist. It occupies 161 pages, making quite a

book in itself. As the title indicates, it meets the wants of the general practitioner, and therefore is accompanied by 72 engravings illustrating the various culture apparatus and methods, microscopical examination and staining of bacteria, etc., etc.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES. An atlas and text-book combined. Parts IX and X. By George Henry Fox, A. M., M. D. Second series; complete in twelve parts. Hand-colored plates; nearly 100 cases from life. New York: E. B. Treat, No. 771 Broadway.

Part IX includes Leucoderma, Alopecia areata, Keloid, and Fibroma. Part X, the various forms of Lupus (vulgaris, verrucosus, and erythematosus), and of Lepra (maculosa, and tuberosa). Like those which have preceded them, these parts are all that the publisher has claimed for them, and all that the most fastidious can ask for.

The plates are up to the highest types of photographic art, and the descriptive text is according to the latest knowledge of the pathology, diagnosis, character, and treatment of skin affections. In these pages, all that anyone can care to know about these diseases may be learned, and in the plates, which are exact reproductions of cases as they appeared in the author's hospital practice, one has clinical appearances always at hand to refer to, making it well-nigh impossible to err in the diagnosis of these otherwise troublesome disorders.

Sold only by the publisher's agents, at the uniform price of \$2.00 per part.

IN *Lippincott's Magazine* for December, in "Novelistic Habits and 'The Morgesons,'" Julian Hawthorne gives his theories as to how novels should be written, and calls attention to that remarkable novel, "The Morgesons," by Mrs. Elizabeth Stoddart, a new edition of which has recently been published. Julian Hawthorne stands in the front rank of critics, and his opinions about books are of the greatest value.

CATHOLICISM AND THE PUBLIC SCHOOLS.—A contribution to the literature of the controversy about Romanism, just when the recent Catholic Congress at Baltimore has revived the

subject, will be made by Bishop McQuaid, of Rochester, N. Y., in the December *Forum*. He undertakes to show that the common-school system is paternalistic and socialistic in its tendencies, and that a gross wrong is done to Catholic parents by taxing them to maintain the public schools.

THE *Magazine of American History* for December, contains a portrait of Lord Brougham with an account of his career. "Drawings of a Navajo Artist," is a very interesting description of that tribe of Indians, going to show that even the rude red man possesses art instincts. "Fort Perrot, Wisconsin," "Lincoln's Restoration Policy in Virginia," "First Editions of the Bible Printed in America," "General Grant and the French," and other articles, notes, jottings, etc., make up a fitting number for closing the year. We cannot commend too highly the work Mrs. Lamb is doing in recording interesting and valuable facts that would otherwise soon pass into oblivion. She will certainly have the gratitude of future generations as she should have of this. Every number is beautifully illustrated and only costs \$5.00 a year. Address the *Magazine of American History*, 743 Broadway New York.

THE following is from Joseph Jefferson's Autobiography in the December *Century*: "I have often thought that Mr. Burton must have had Irish blood in him, for he was continually spreading the tail of his coat for a fight—I mean an intellectual fight, as physically he was not pugnacious. Quarrelsome persons who do not indulge in pugilistic encounters are fond of law suits; it is only another way of having it out, and Burton must have spent a fortune in fees. His humor on the witness stand was quite equal to that of Sam Weller. On one occasion, while the actor was going through bankruptcy, an eminent lawyer in Philadelphia thought he detected a desire on Burton's part to conceal some facts relative to a large sum of money that he had made during the production of the 'Naiad Queen.' Rising with great dignity, and glaring fiercely at Burton, he demanded: 'What became of that money, sir?' The comedian looked him straight in the face; then rising in imitation of an attorney, he replied: 'The lawyers got it.'"

CORRESPONDENCE.

DR. E. M. HALE'S CACTACEÆ.

As a member of the Bureau of Materia Medica and Therapeutics in the American Institute of Homœopathy, I have selected as the subject of my paper, "The Pathogenetic and Therapeutic properties of the *Cactaceæ*."

The number of known *genera* in this *family* is 18, and of *species* about 800. I desire to include in my paper all medical information concerning any species. I urgently solicit physicians of any country to send me all observations relating to the toxic and curative powers of any member of this important family, before June 1, 1890.

E. M. HALE, M. D.

Chicago, Ill., 65, 22nd St.

SOCIETY REPORTS.

THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

The Southern Homœopathic Medical Association was called to order, in the Ladies' Ordinary of the Gayoss Hotel, Memphis, Tenn., by President Dr. W. E. Green, Nov. 13th. This was the sixth annual session of the Society and was a grand success both in point of attendance and interest manifested.

Rev. J. W. Ingram made an earnest and appropriate prayer, after which the address of welcome, on behalf of the citizens, was delivered by Col. J. M. Keating. Dr. C. E. Fisher responded for the Association. He gave a synopsis of the history of Homœopathy and the success it has met. "We know," said Dr. Fisher, "that we have something better than mercurialization, cinchonism, and morphinism, so common to the medical practice of the South, and we want the people to learn of it and avail themselves of this better way in medicine. As Col. Keating said, it is results the people want, and it is because homœopathy offers better results than does the old school, as shown by the statistics of the yellow fever years and those of the cholera year of 1856, in this State, that we are homœopaths."

After the admission of thirteen new members, President Green, of Little Rock, Ark., delivered the annual address. He urged the necessity of organization, saying: "It will make us better known as a school; it will infuse life and strength into the cause, and we can as a body more effectually thwart any legislation that is unfriendly to homœopathy. Besides the moral effect of such organ-

ization will be good. The people will become interested; they will see more of our physicians, and will know more of their ability both individually and collectively. Again, as a society we can extend the hand of assistance to those who live in sections where our members are few and our strength is feeble."

Dr. Green also spoke of the many localities without homœopathic physicians and the duty of members to urge good men to fill these places. "It should be the aim and effort of this society to establish a college and hospital in one of our large cities, in which our students can be taught the treatment of diseases which prevail in our section."

Reports of Committees followed. Among others, Dr. H. R. Stout, of Jacksonville, Fla., stated that a homœopathic physician had been installed in the list of practitioners in St. Luke's Hospital, at Jacksonville.

AFTERNOON SESSION.—The Bureau of Clinical Medicine reported. The first paper read was by Dr. Stout, of Jacksonville, entitled "How I Treat Intermittents" Discussion followed for some time. Next, Dr. J. H. Henry, of Montgomery, Ala., read an article on "Hæmorrhagic Malarial Fever." Papers by Dr. W. W. French, of Chattanooga, on "Eczema" and by Dr. Holcomb, of New Orleans, on "Some Suggestions on the Various Forms of Fever," were read by the secretary in the absence of the authors.

The Bureau of Materia Medica was considered at this time. Dr. E. A. Meadon, of Blocton, Ala., presented a paper on "Poisoning by Kalmia." The author described the effect of the poison upon animals, and believes in it he has discovered a remedy for nervous diseases, such as epilepsy, etc.

A letter was read from Dr. A. L. Monroe, of Louisville, Ky., announcing the sudden death of two of his family as the apology for his non-attendance. Expressions of condolence were made by many delegates.

SECOND DAY.

Many new delegates were present and discussions made things lively. The Bureau of Clinical Medicine was again brought up and papers read as follows: "Cerebral Typhoid," Dr. J. H. Lowrey, of Neola, Ia.; "The Hot Spring Waters," Dr. J. B. Brooks, of Hot Springs, Ark. In this paper Dr. Brooks contended that in certain diseases where temporary relief is had from the use of the water, yet no permanent cure is effected. Dr. Geo. M. Ockford, of Lexington, Ky., followed with "Dietetic Treatment in Health and Disease."

At this point several new delegates arrived who were invited to speak. Drs. E. H. Pratt, of Chicago; James M. Campbell, of St. Louis; C. E. Walton, of Cincinnati; and Moses T. Runnels, of Kansas City, responded.

The Bureau of Gynæcology and Obstetrics reported. Dr. Sarah J. Millsop, of Bowling Green, Ky., gave in the "Hygienic Aspect of Gynæcology," the importance of dress reform especially in regard to tight corsets. Two of the most important papers, relating to uterine displacements, were read by Dr. Lucy Waite, of Chicago, and Dr. Moses T. Runnels, of Kansas City. The discussion of these papers was participated in by nearly every delegate present.

AFTERNOON SESSION.—The Bureau of Surgery was disposed of by the reading of the following papers: "Three Cases of Circumcision for Reflex Nervous Affections," Dr. J. C. Daily, of Ft. Smith; "Tumors of the Neck," Dr. C. E. Watson, of Cincinnati; "The Male Sexual System," Dr. E. H. Pratt, of Chicago; "Skin Grafting," Dr. J. C. French, of Natchez; "Excision for the Cure of Hemorrhoid and its Comparative Merits with the Clamp System," Dr. W. E. Green, of Little Rock; "The Scope of Cocaine in Official Surgery," Dr. A. C. Jones, of Holden, Mo.; "Experimental Surgery," Dr. W. B. Morgan, of St. Louis; "The Sympathetic Nerve as a Factor in Disease," Dr. Wells Le Fevre, of Hot Springs.

EVENING SESSION—This was almost entirely consumed in discussion of medical legislation.

THIRD DAY.

In the absence of Dr. Green, the meeting was presided over by Dr. John H. Henry.

The reading of papers was resumed, the first being "Malarial Diseases," by Dr. Jesse R. Jones, of Hazelhurst, Miss. A lively discussion followed in which Dr. Henry advocated the prevention theory as applied to yellow fever as well as small pox. Dr. Wm. Hewitt, of Memphis, advanced the "Nidus theory" as applicable to all diseases to which flesh is heir, and would invariably attack the cause rather than the effect in treatment.

A paper by Dr. Julia Holmes Smith, of Chicago, entitled "Leucorrhœa in Virgins, Treatment, etc." was read and discussed as was also one on "Puerperal Eclampsia," by Dr. J. W. Buddeke of Memphis.

The association after the usual resolutions of thanks, adjourned to meet next year at Birmingham, Ala.

VARIOUS TOPICS.

CHARCOT'S OPINION OF PROFESSIONAL WOMEN.—M. Charcot, one of the jury of the Faculty of Medicine in Paris, in complimenting a young lady who had obtained her doctor's degree, said that "women pass their examinations, when they do pass them, even more satisfactorily than men; but what will be always a bar to their success is that they have no real love for their proposed pro-

fession. What they aspire to is the first rank, the most prominent posts, the most lucrative offices; and what they dislike is the humble and unpleasant, but necessary, service of humanity, such as is given by the hospital dresser." Curious, but precisely the same thing might just as correctly be said of men.—*Chemist and Druggist*.

COFFEE-POISONING.—A woman, 25 years of age, unaccustomed to drink coffee, drank at one time ten cups of strong coffee, which was followed two hours after by vomiting, vertigo, sensation of anxiety, coolness of extremities and trembling of the fingers. The pulse was increased, but not quantitatively changed. Warm drinks and ether were given internally, she was rubbed off with hot water, and, finally, morphine was injected subcutaneously; sleep appeared, and the next morning she was well.—Dr. Glogauer (Berlin), in *Allg. Hom. Zeit.*, 8, 1889.

DR. C. W. EARLE, in the *Medical Era*, says: I am somewhat surprised that so few authors speak of stricture as a cause of incontinence. Everybody, or at least everybody who is at all well versed in paediatric literature, examines the prepuce and glans penis of every case coming to him for this trouble, but I am afraid that many excellent practitioners do not examine the urethra. Let me repeat, in every case of incontinence which has resisted the ordinary routine treatment, use the sound. This single instrument has performed more cures in my practice than all the drugs which I have prescribed, and as many as have been cured by operation for phimosis, or elongated, contracted, and adherent prepuce.

SENEGA IN COUGH, WITH SYMPTOMS IN THE BACK.—From Dr. St Clair Smith: About a year from the time I was called to Dr. B., and prescribed staph., he sent for me again; this time also for a cough, which was similar to the other in character. Instead of the bursting pain in the forehead, which was the prominent and distressing symptom on the first occasion, he now complained of a similar pain in the back, over the kidneys, a bursting, distending pain, as if the back would split with each paroxysm of coughing. This symptom was also a stranger to me, and I had to go and hunt for it. I found, as before, that it was mentioned under one remedy only, viz., senega, which I gave him in the third potency, and, like the other, it required but one dose to cure not only the pain but the cough.

THE DECLINE OF HOMŒOPATHY.—The allopaths have again buried homœopathy—this time in Austria. It is true that homœopathy is not increasing very rapidly in that heterogeneous empire, but that is because of state restrictions. It is, however, far from being

dead. The size of the corpse, probably, is what deters the regulars from digging a grave for homœopathy in Illinois and Michigan. In 1840 Illinois had one practitioner of homœopathy to 476,000 people, while in the year 1889 there is a homœopathic physician to every 5,400. Michigan, which had in 1840 only one physician of the "new school" in the State, has now one to every 3,300. When our "regular" friends get through rejoicing over the condition of affairs in Austria we recommend them to at once proceed to bury homœopathy in the West.—*N. A. Jour. Hom.*

HEREDITY.—Sir William Turner, Professor of Anatomy in the University of Edinburgh, delivered an address on "Heredity," in which, while pointing out that in some cases structural lesions, such as hare-lip, color-blindness, and deaf-mutism, are transmitted, he also maintained, in opposition to some physiologists, that acquired characters can be transmitted from parent to offspring. He said, in concluding his address, that whatever the origin of man's frame, whether by evolution or otherwise, it could scarcely be expected ever to attain greater perfection than at present. Man was, however, also endowed with a spiritual nature, and the kind of evolution to be hoped and striven for was the perfecting of this spiritual nature, so that the standard of the whole human race might be elevated and brought into more harmonious relation with that which was holy and divine.—*The Medical Record.*

CHRONIC TEA-POISONING.—S. Smirnow describes the symptom-complex of chronic tea-poisoning in professional tea-tasters. A strong infusion of tea is made and tasted, but not swallowed, in order to test the tea. These tests are made 150 to 200 times daily, resulting in a gradual poisoning. There is a sharpening of the taste and smell, gradually giving way to a dullness of the same. The digestive canal is irregular in its functions, the appetite and nutrition of the body decreased; the liver enlarges at first, then becomes painful, and passes gradually into a condition of atrophic scirrhus; the nervous activity is weakened, the mind depressed, the sight weak, and sometimes there is diplopia; the skin has a dry feel, becomes yellowish and of a parchment color; there are periodic pains in the region of the stomach. After two to three weeks they must give up their business for awhile.

Smirnow has found this to have a hindering action upon the course of constitutional syphilis, it diminishing also the receptibility for mercury.—*Med. Observeznie*, 28, 21.

INFECTION OF AN INFANT THROUGH THE MILK OF A TUBERCULOUS NURSE.—Dr. Steigenberger, of Buda Pesth, has recorded a case of tubercular infection through the nurse's milk in the *Pesther medi-*

cinisch chirurgische Presse. The facts of this interesting case are summarized as follows: An infant, aged five months, of healthy parentage, developed caseating cervical, glandular abscesses, of a distinctly tubercular kind. Microscopical examination verified the macroscopical diagnosis. Inquiry elicited the fact that the infant had been nursed, for a period of four weeks, by a woman who had to be discharged on account of phthisis, with abundant expectoration. The etiological relationship was thus clearly established.

The infection of human beings through the milk of tuberculous animals has been repeatedly shown, and there is, of course, no reason why the human milk should not carry with it the same pathogenetic power. But, so far as we are aware, the above case is the first instance in which this method of transmission has been actually observed to occur. The inference is obvious, namely to exercise the greatest possible amount of care in the selection of wet nurses.—*Medical Record.*

THE *Clinique* has the following from Dr. T. C. Duncan: Knowing your deep interest in any diagnostic sign I wish to call your attention to a peculiar appearance of the tongue that seems to me diagnostic of disorders of the pancreas, that auxiliary organ whose digestive scope we are not the most conversant with. It is a peculiar greasy coat on the tongue. The coat is not heavy, but *thin, white and glistening*. There is usually no change in the size or shape of the tongue. The general symptoms are those of chronic dyspepsia (so-called). Fats are especially repugnant to patients with this peculiar tongue. I suppose it might be called a pulsatilla tongue, for that remedy acts magnificently in these cases. It is not a potash tongue for that is flabby, broad, and the coat, although white, is thicker and fissured or broken. Practically it is a greasy tongue. Fats being eschewed there is none of the fatty acid regurgitation that gives us a scalded tongue. A milk tongue would perhaps be the best name to give it. The pathology is evidently a pancreatic hyperæmia. If you or any of the readers of the *Clinique* confirm this impression I should be pleased to record it in the forthcoming edition of my work on Diseases of Children.

A CASE OF EARLY MENSTRUATION.—Dr. Dramant, of Vienna, reports the following case from his own practice: A. J., daughter of a frame manufacturer, was born in Hungary on the 27th of March, 1882; she is well nourished, strong, excellent complexion, with infantile expression of face. The arms are delicate and thin, while the loins, glutei, and thighs are as well developed as is usual in full grown women. The breasts, too, are fully developed, while the mons veneris and axillæ are quite thickly covered with hair, an inch or so in length. In 1886, the little girl weighed fifty-nine pounds, but now tips the scales at seventy-nine. Menstruation

began in February, 1884, that is, before she was quite two years old, and continued regularly, occurring between the 15th and 17th of every month. When she had completed her first year all her teeth had appeared. In intelligence, speech and actions, she was as other children of her age, but her voice was a peculiar deep bass. Her mother menstruated for the first time when sixteen years old. None of her relations menstruated before that time.

Menstruation continued in this case until the child was six years old. Since January 14, 1883, she ceased to menstruate, and since then, at the period of menstruation, the child has epileptiform attacks which come on at night during sleep. The child begins to gnash her teeth, the eyes are fixed and stony, and cyanosis, dyspnoea, unconsciousness, convulsive movements of the extremities, trembling, and bloody froth at the mouth appear in quick succession. The attack lasts from one-half to three-fourths of an hour and after it violent headaches, fatigue, and depression are complained of. At first only one attack occurred, but gradually the number increases every month.—*Internat. Klin. Rundschau*, Sept. 30, 1888.

MEMORANDA.

A free homœopathic dispensary has been opened in Denver, Col.

Female practitioners in Russia are forbidden to attend adult males.

The physicians of Prince Edward Island have organized a medical association.

Eight millions of people have died of phthisis during the last eighty years in France.

Physicians in North Carolina must register with the clerk of the Superior court before Jan. 1st.

The *Medical Mirror* begins life January 1st. It is to be edited by Dr. I. N. Love at St. Louis, Mo.

The Calcutta Homœopathic Charitable Dispensary, during the past year, has treated 7,609 patients.

The Metaphysical College of Massachusetts, an institution for teaching Christian Science, has dissolved.

The Academy of Homœopathic Medicine of the Twin Cities—Minneapolis and St. Paul—met Nov. 5th and listened to several

entertaining and instructive papers. The doctors also did justice to an elegant lunch.

A new hospital for chronic invalids will soon be opened in New York City. It is to be called the "Isabella Helmuth."

The first meeting of the Monroe County Homœopathic Society occurred Oct. 15, at the new Rochester, N. Y., hospital.

Cornell University is making a move to secure a medical department, judging from a recent report by President Adams.

The Woman's Homœopathic Association of St. Paul met and elected officers Nov. 4th. Mrs. Benton is president and Mrs. Clark secretary.

The German government has decided that there are enough medical colleges in that country and therefore refuses to allow any more to be organized.

The *Medical Record* urges physicians to insure their lives, for the reason that the families of doctors more than other professional men are so often left destitute.

The Training School for Nurses of the Buffalo Homœopathic Hospital graduated its first class Oct. 24. Seven ladies constituted the class. Appropriate exercises were held at Trinity Chapel.

A "Hypnotic Society," for the purpose of studying hypnotic phenomena, and securing a law prohibiting public seances of hypnotism, mesmerism, etc., has been organized by a number of London physicians.

The Medical Society of the County of New York met at the Ophthalmic Hospital, New York City, Oct. 10. Plans for introducing a bill at Albany regulating the examination of Homœopathic medical students were discussed.

The grounds about the Wilmington, Delaware, Homœopathic Hospital have been fitted up and are much improved. The new building is now occupied by the patients. It is a fine two story building and cost about \$40,000—a gift from Mrs. J. Taylor Gause.

A Chicago doctor is reported, by the *Boston Medical and Surgical Journal*, to have sued Miss Francis E. Willard, President of the Women's Christian Temperance Union, for \$50,000, for some trouble

connected with the jurisdiction over a hospital managed by the Union.

The sixth annual commencement of the Hahnemann Hospital College of San Francisco, Cal., was held Oct. 29th. Degrees were conferred upon ten graduates.

In France the physicians claim against a dead man's estate is preferred over all others. The courts have decided that as it is an imperative right of humanity that the dying should have the necessary care and treatment, such attendance should be paid for before all other debts.

The Connecticut Homœopathic Medical Society held its semi-annual meeting at Meriden, Oct. 22. Dr. C. S. Hoag delivered the president's address. Plans were adopted for the application to the legislature for an appropriation to build a hospital at New Haven. A number of valuable papers were read and discussed.

The grand amphitheatre of the Paris Faculty of Medicine took fire Oct. 7th, during a meeting of the French Congress of Surgery, and was damaged to the amount of \$14,000. Three immense pictures by Matout were destroyed, one of them valued at \$2,000, represented Ambroise Paré applying the first ligature. The famous bust of Hippocrates was also destroyed.

"Don't be a professor in a University if you have a living practice outside."

"_____ a University chair dependent upon a Board for opinions and a living."

These low-lived slurs may well be treated with contempt by Dr. Gilchrist, or by anyone else at whom they were directed. No gentleman would indulge in reflections so low and so false. They come from a churl who is conspicuous for nothing but a hang-dog manner, who never had an original opinion, or one that is of the slightest importance. He was a doctor without a practice until he found his level by gravitating to country cross-roads, where he tries to edit a "*Satellite*" on wages of \$30 a month. The seventh of February, 1883, on a letter-sheet below indicated, he wrote:—

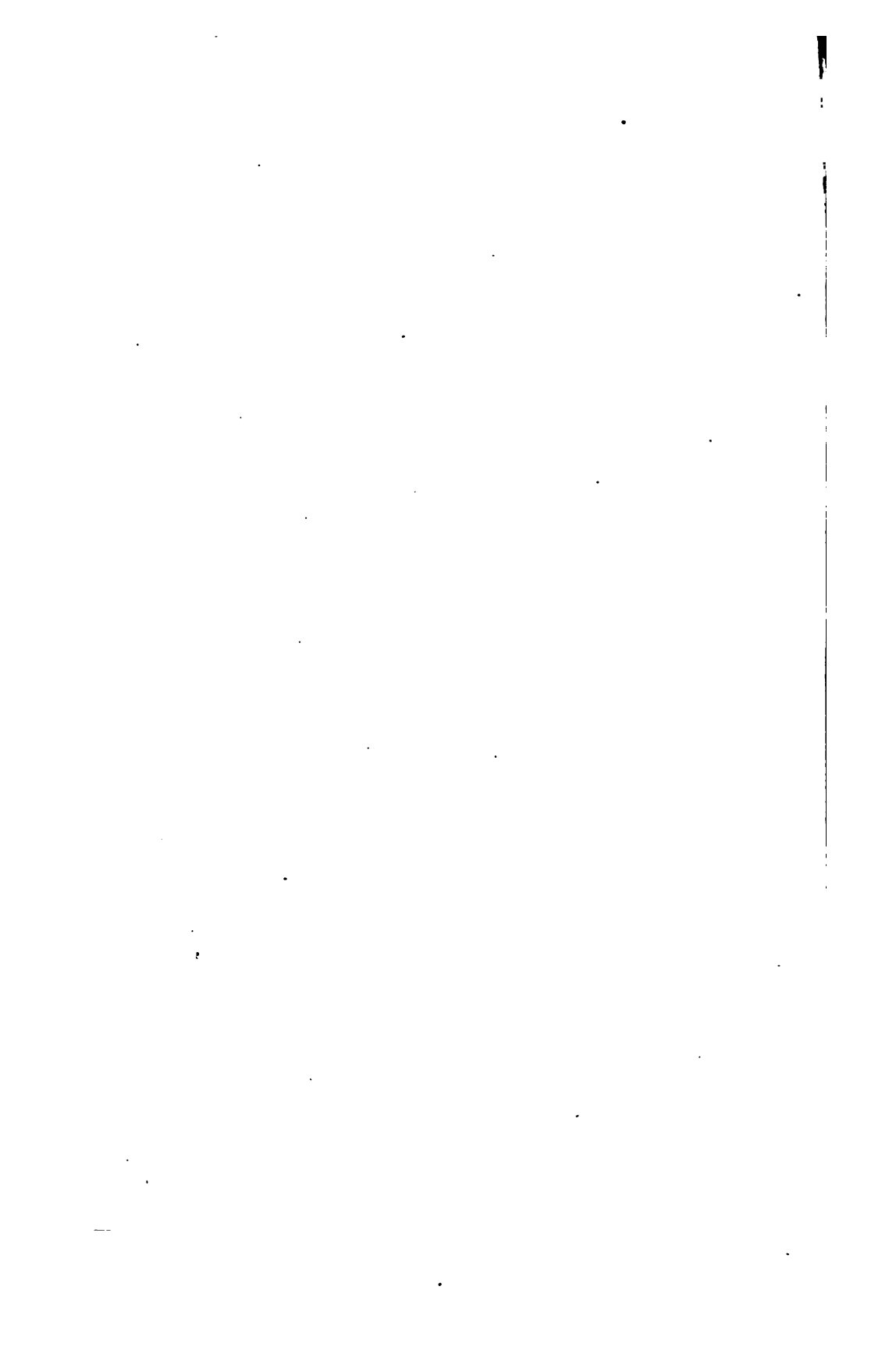
"EDITOR AMERICAN HOMŒOPATHIST.

"2-7-'83.

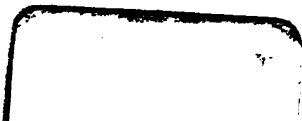
"Here I have lain awake o' nights cudgelling my addled pate for something that would attract, and finding no better anywhere, I chose to profit by the MED. ERA, which in time past has always been my beau ideal, and I adopted, in so far as I am capable, its happy style and routine."

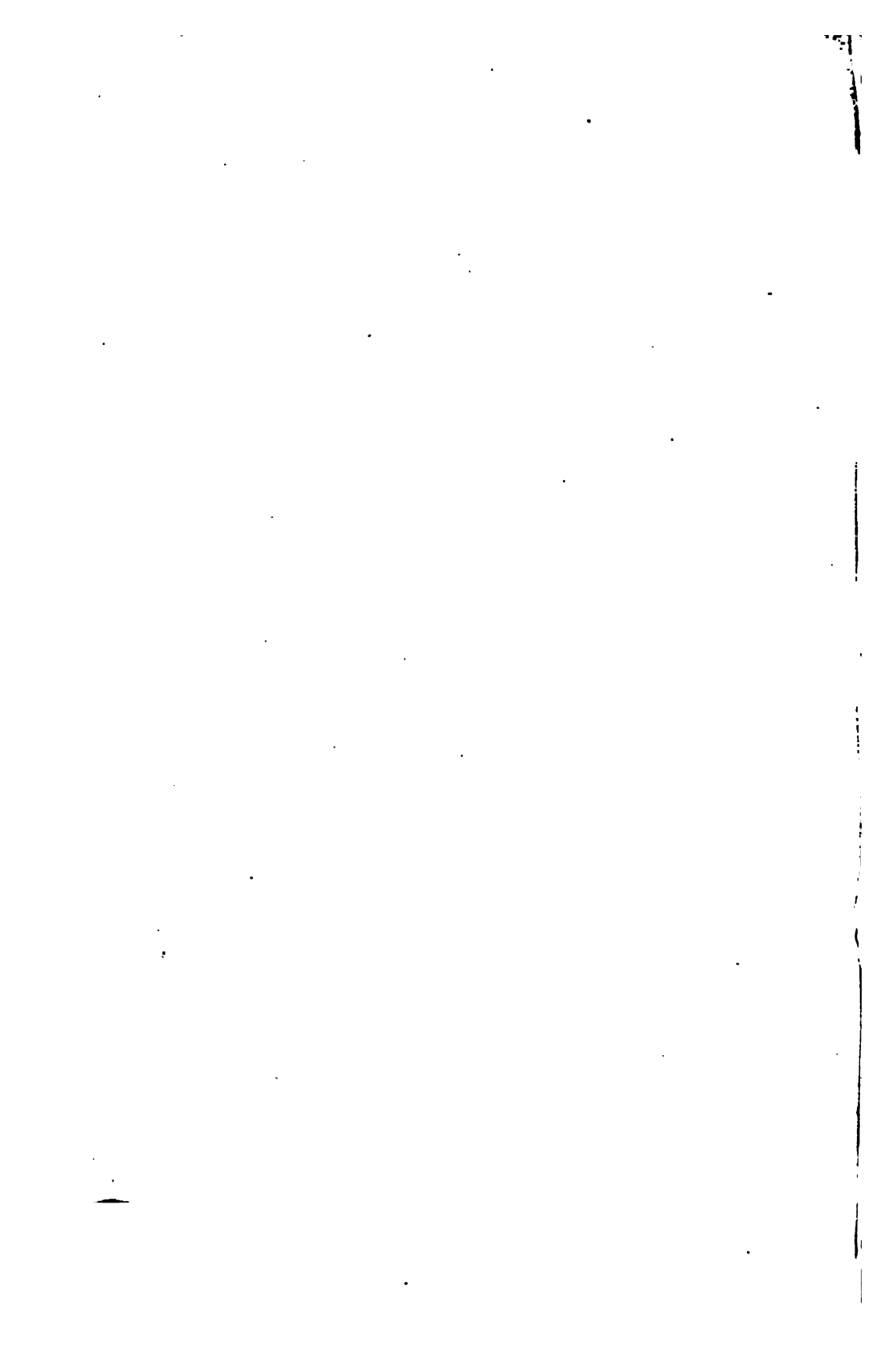
His serious efforts have resulted in an attempt at imitation so weak and sloppy as to be ludicrous; though his condition calls for pity, rather than for the ridicule that it excites.—*Medical Era*.





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